VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Division of Family Services

Child and Family Services Review (Round 3)
PROGRAM IMPROVEMENT PLAN (PIP)

Virginia Department of Social Services
Division of Family Services
Child and Family Services Review Program Improvement Plan

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Key Information and Reporting Schedule

State/Territory:	Virginia
Date Submitted:	January 17, 2018, August 31, 2018, February 1, 2019, March 15, 2019, April 2,2019
Date Resubmitted:	May 30, 2019
Date of Expected Approval:	5/15/19
PIP Effective Date:	TBD (4/1/19)
End of PIP Implementation Period:	TBD
End of Non-Overlapping Year:	TBD
Reporting Schedule and Format:	-6-month -Annual report on PIP before PIP onsite visit -Report in APSR

I. Executive Summary

The strategies and key activities listed in this Program Improvement Plan (PIP) identify new strategies and build upon existing improvement activities currently in implementation by the Virginia Department of Social Services (VDSS) to positively influence safety, permanency and child well-being outcomes. The third round of Virginia's Child and Family Services Review (CFSR), conducted between April 1, 2017, and June 1, 2017 indicated that although progress was made towards improving our child welfare system, there are still areas needing improvement. Specifically, VDSS is not in substantial conformity with seven out of seven CFSR outcome areas and three out of seven systemic factors.

Key areas for concern include the following:

- Inadequate assessment of safety and risk for children;
- A lack of service provision for children and families;
- Foster families who can provide for the identified needs of the child;
- Improved efforts to include parents and family members in case planning;
- Placing children with relatives while in Foster Care;
- Moving children from Foster Care to permanency; and,
- Achieving permanency in a timely manner.

Additional themes for improvement include:

- High rates of caseworker turnover approaching 30 percent;
- Low rates of staff completion of mandated training; and,
- Inconsistent practice and performance throughout the state.

VDSS worked closely with *the Capacity Building Center for States* utilizing a collaborative process to review CFSR results, which consisted of extensive problem identification and root cause analysis with local staff and stakeholders to identify goals and potential strategies through multiple focus groups and surveys. An important source of stakeholder feedback and input was the Child Welfare Advisory Committee (CWAC). CWAC typically meets on a bi-monthly basis to review current program

objectives, initiatives, and federal reporting requirements. The Committee convened in the summer and fall of 2018 to engage in an intensive focus group process around specific areas such as engagement and permanency. The strength of CWAC is the diversity of membership; providers, youth, and universities are represented in addition to local agency staff. The dialogue produced by the focus groups afforded richness in data because of the mix of participants. Thus, CWAC recommendations were representative of a broad range of viewpoints and subject matter expertise.

A second significant stakeholder engagement process occurred with Virginia's Court Improvement Program (CIP) to obtain feedback from court community stakeholders (i.e., attorneys for local departments of social services, attorneys for parents, guardians ad litem, and juvenile and domestic relations district court judges). Focus was placed on CFSR Items 5 and 6 (timely establishment and timely achievement of permanency goals), and Item 23 (filing of petitions for termination of parental rights in accordance with required provisions). Efforts included CIP refining and distributing surveys to 119 J&DR district court judges and to 1,526 attorneys who represent local departments of social services or who serve as counsel for parents and/or as guardians ad litem for children. The purpose of the surveys was to obtain court community input to inform the development of strategies and activities for this program improvement plan. Thirty-four percent of J&DR district court judges and 16% of attorneys and guardians ad litem completed the surveys.

To further involve court community stakeholders in program improvement plan development, VDSS and CIP jointly planned and conducted a day-long meeting with 18 local teams. This meeting was held on November 30, 2018. Teams included a J&DR district court judge, attorneys who represent local departments of social services, guardians ad litem for children, parents' counsel, LDSS staff, and court appointed special advocates. The meeting provided court community stakeholders and local agency staff an opportunity to meet collectively to hear and consider the CFSR findings and the results of root cause analysis work completed in relation to Items 5, 6, and 23. Participants also received statewide and local data related to permanency, including the timeliness and permanency of reunification, the timeliness of adoptions, and children in foster care for long periods of time. Using the information presented, local teams were invited to meet on their own, and then with other localities from their regions, to develop strategies for consideration and possible inclusion in Virginia's PIP. The input of these teams has been further refined by CIP and VDSS and is included in this program improvement plan.

In addition to the above joint meeting, CIP arranged its November 5, 2018, advisory committee meeting agenda to include time for members to complete root cause analysis work on CFSR Items 5, 6, and 23. CIP's advisory committee consists of J&DR district court judges; a J&DR district court clerk; representatives from VDSS, the Office of the Attorney General, and Department of Criminal Justice Services; counsel for local departments of social services; guardians ad litem for children; court appointed special advocates, and representatives from the Office of the Executive Secretary.

Based on the findings, it is evident that major tenets of the Virginia Children's Services Practice Model (i.e. focus on safety, involving family, maintaining family connections, and timely permanency) can be more fully operationalized throughout state, regional, and local program administration[i].[1]

[1] In 2017, VDSS, Rutgers University School of Social Work, and Casey Family Programs partnered to study how the practice model is implemented across the state to generate "lessons learned" regrading implementation drivers. An important recommendation was that VDSS explore the feasibility of the expansion of the number of practice profiles in implementation across the state *or* invest in building a foundation through a deeper dive into

As a result, this PIP will focus on four goals to include:

- The overarching themes of family engagement
- Safety practices
- Permanency practices
- Workforce

The principal goal of the PIP – family engagement—provides the guiding framework for important practice changes put forth in this document. For example, family engagement encompasses all skill sets necessary to accomplish *concurrent planning* as a primary practice response. VDSS is committed to the principles and values of the Practice Model. The Practice Profiles were developed with the intention of placing *Engaging* at the center of the 11 skill sets, recognizing that good casework practice is not possible without the fundamental skill of engagement. This is also the rational for placing Engagement as the first strategy in the PIP; further given the evidence of uneven adaptation of the full set of Practice Profiles VDSS will lay a firm foundation by focusing intensively on engagement.

Overall PIP Implementation Strategy

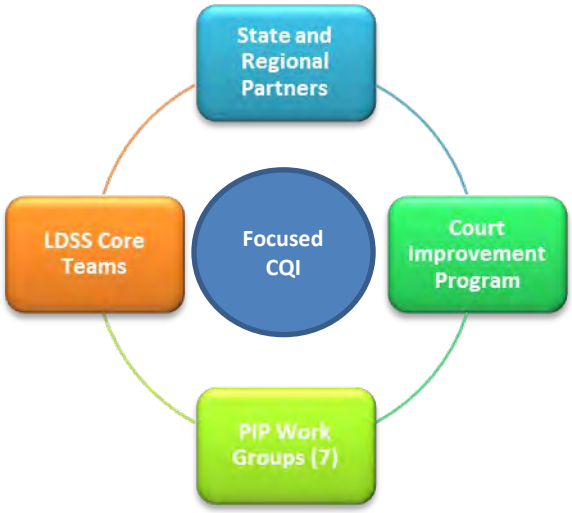
VDSS will utilize an implementation approach that emphasizes collective accountability with an integrated CQI process that will provide a foundation for monitoring and adjusting efforts as PIP implementation strategies advance**.** VDSS has a working knowledge of implementation science models and competence in the application of implementation science principles, protocols and processes. DFS used or is using implementation science methodologies for the Practice Model installation, QIC-WD, COMPASS, and Services Model Training Implementation Team[ii] projects.

VDSS used a sampling approach to implementing identified strategies to maximize performance. Namely, VDSS's Office on Research and Planning created a methodology to identify the 20 designated LDSS in which the PIP implementation plan will direct its focus. Although several strategies will be implemented state-wide, targeted implementation supports will focus on the 20 designated PIP LDSS counties. To address inconsistencies in practice, the PIP implementation team is comprised of representatives from the 20 PIP LDSS, including front line staff, Regional directors, CWAC members, State program managers, Court Improvement Program (CIP), Comprehensive Services Act (CSA), and state leadership (approximately 130 members).

Central to implementation are the strategies of *teaming* and *shared accountability.* As part of the PIP development process, seven topic-focused workgroups (approximately 100 members) were established to develop the strategies and activities and to support implement activities in a sequenced manner throughout the 20 PIP LDSS localities over the two-year PIP implementation period. VDSS took an intentional approach to selection of team members and creating a teaming structure. Workgroup members consist of front line staff, supervisors, LDSS leadership, State program managers, Regional consultants, CWAC members, CSA, CIP, and feedback from foster parents and youth. This collective approach to teaming allows for the State, regions, LDSS and partners to work together to develop, implement and monitor improvements toward outcomes.

a single profile such as Engagement.

This teaming structure, illustrated in the graphic below, ensures consistency in purpose and alignment with working towards PIP goals, strategies and activities:



Taken together, the concepts of teaming and shard accountability ensure that all stakeholders are committed to the outcomes of the PIP. To support transparency, the work of Local Teams, CIP, and PIP work groups (as well as support activities performed by state and regional partners) are reviewed and discussed at each bi-monthly full implementation meeting. Rather than view accountability as the failure and related ramifications of failing to achieve an objective, VDSS' conceptualization of shared accountability uses teaming, feedback loops, and CQI activities to keep all participants fully informed and invested in outcomes.

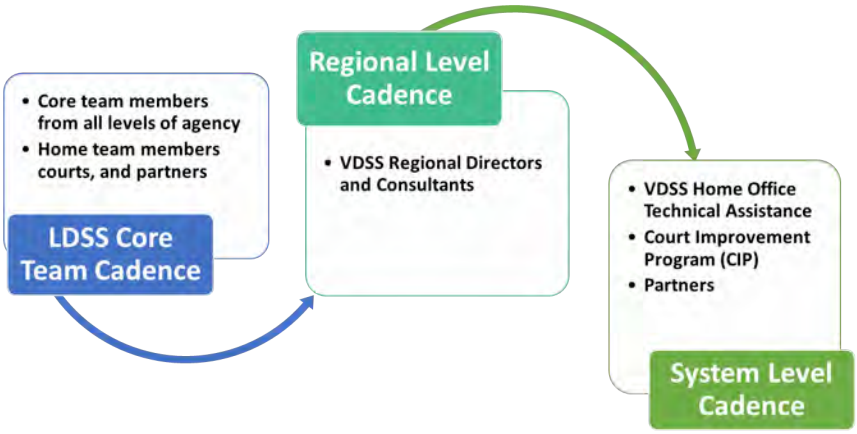
CQI is at the center of our implementation process. Virginia recognizes that having a robust CQI system is important to consistently improve services and supports for children and families, ensure effective use of resources, and meet critical targets and outcomes. VDSS has identified systemic CQI improvement strategies to implement in the immediate future through the 2020-2024 CFSP, which will enhance our ability to support the PIP implementation process. VDSS intends to strengthen the CQI system by applying data to inform, manage, and improve practice and outcomes. Specific CQI system improvement strategies include:

- Building a culture and capacity to integrate a robust CQI system;
- Establishing the infrastructure and foundation to support the CQI process;
- Integrating Regional Offices, LDSS, and stakeholders into the CQI process; and,
- Establishing formal feedback loops.

PIP Implementation team in-person meetings with State and Regional Partners, the Court Improvement Program, Work Groups, and LDSS Core Teams are held every other month. During the meetings, LDSS Core Teams and Work Groups participate in a transparent reporting structure where progress on each strategy is reviewed, feedback is received, concerns are addressed and real time adjustments are identified as action items. During these meetings, data is reviewed and immediate next steps are identified to ensure consistency and alignment to the strategies and implementation process. To bolster shared accountability, entities that both complete, and fail to complete, agreed-

upon activities are recognized during the full implementation meetings as a reflection of the principles of transparency. The goal, however, is to "lift up" and recognize teams and work groups with complete and exemplary work as models. In this perspective, mistakes and omissions are learning opportunities as opposed to failures.

Shared accountability for PIP outcomes is built into the PIP implementation process. To establish a focus on accountability in a system with decentralized oversight, each LDSS, each Region and State leadership, are engaging in a readiness process that includes completing a comprehensive accountability strategies to identify strengths and potential concerns. A structured CQI process will ensure that PIP strategies and activities are installed consistently within and across regions and within proposed timeframes. The PIP Accountability Structure is depicted below:



Activities related to PIP strategies include VDSS leadership participating in the CQI Academy, creating an inventory of data sources; establishing integrated data collection processes and reporting; and, enhancing feedback loops and identifying areas needing adjustments. Existing CQI improvement strategies identified by VDSS will be enhanced through partnerships within Regions and each PIP LDSS. VDSS CQI staff will dedicate a portion of effort and time towards assessing state, regional, and LDSS progress toward outcomes. CQI staff will also work closely with our change management staff to steer the process with forward-thinking change management approaches as it relates to adaptive changes related to successfully implementing PIP strategies.

To ensure success with our shared accountability approach and consistent and efficient monitoring and reporting on progress, VDSS committed a dedicated Project Manager to coordinate implementation of PIP goals, strategies and tasks. The Project Manager is charged with the critical tasks of developing and monitoring the implementation plan, working with VDSS leadership and the Steering Committee to make adjustments as warranted, and maintaining clear and consistent communication. In addition, our CQI Program Manager, tasked with rebuilding this approach as integral to all VDSS program activities at the organizational level, provides the guidance and subject matter expertise needed to fully integrate CQI principles and strategies into PIP activities. The CQI Program Manager will provide overall direction for the CQI approach detailed above and support action teams (locality and program work groups) with targeted technical assistance. Combined, these two positions balance and dose the effective use of technical and adaptive solutions.

II. Goals, Strategies and Key Activities

Goal 1. Engagement: Ensure youth and families are involved in all aspects of decision making across the child welfare continuum to achieve safety, permanency, and overall well-being.
Impact:
(Items: 1-18, 20, 23, 24, 26, 27, 29, 30, 31)

VDSS believes that the skill and practice of engagement is the core of the work we do from the first contact through case closure. When family engagement occurs, families are involved in all aspects of case planning, decision making, identifying individualized solutions, and being open to receiving support, resources and participating in services. Family engagement practices are imbedded in Safety and risk assessment, concurrent planning, and diligent recruitment

Virginia Children's Services Practice Model, adopted by the Virginia Department of Social Services (VDSS), as well as by the Department of Juvenile Justice and the Department of Behavioral Health and Development Services, is the gateway to building relationships with families. The basic principles of the practice model are:

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

VDSS focused on the implementation of the Practice Model by creating a Learning Collaborative with 20 LDSS in 2014. The Learning Collaborative made a substantial investment in supporting these LDSS by operationalizing the Practice Model through the joint development of VDSS' Practice Profiles. The Practice Profiles are comprised of 11 key skill sets describing the core activities and behaviors associated with each function of the Practice Model. This ensures the model is teachable, learnable, and doable as vision and values are transformed from paper to practice; thus, resulting in creating the desired practice at the local level. Over the past three years, the Practice Profiles were implemented throughout the state and Rutgers University is in the process evaluating the implementation processes and impact of the Practice Profiles on the original 20 localities. Acknowledging that the Practice Profiles were recently implemented and are currently undergoing evaluation, the following was observed of the supervisors and workers who participated in the PIP focus groups and survey: 53% reported "Always" or "Sometimes" using the Practice Profiles in supervision, while 30% reported they "Never" use the Practice Profiles in supervision. This was due to the fact that, during the initial implementation and testing period from 2015 to 2017, the Practice Profiles were implemented in approximately 60 pilot agencies but not consistently throughout the state. VDSS recently received the preliminary report from Rutgers University School of Social Work (footnoted on pgs. 4-5) which provides valuable lessons learned in implementing to fidelity going forward. To address implementation fidelity in the strategies listed below, the results of the aforementioned evaluation were used to identify the need to hire three capacity building coaches that will work with the LDSS on readiness and consistency; they will also offer regional communities of practice to address consistency

across the five regions in the state. Additionally, training and coaching will be provided by the regional consultants as needed. Measures of success include, LDSS completing self-assessments, installing the practice profiles, and capacity building coaches will be hired (as outlined in the 2020-2024 CFSP).

Family engagement requires a shift from the belief that agencies alone know what is best for children and families, to one that encourages the family to fully participate in decision making and taking an active role in working toward change. VDSS has further operationalized Family Engagement through the establishment of the Child and Family Team Meeting structure. These meetings are less formal than the team decision making meetings, or Family Partnership Meetings (FPMs), but facilitate family and youth involvement in discussions about case and service planning.

Although family engagement practice obviously encompasses much more than a series of meetings, each of these meetings represents a critical measure of the degree to which family involvement is occurring in local practice. Since Implementation, data showed positive trends in the number of meetings held; however, from 2014 to the beginning of 2016 the number of meetings plateaued and the engagement process began to stagnate. In response, beginning in early 2016, VDSS instituted an incentive plan providing additional funding to LDSS for each FPM held that met all policy requirements. Since that time, the total number of FPMs held has continued to increase. For example, in June 2018 over 600 Child and Family Team meetings and over 1,200 FPMs were held. However, even with an increase in meeting occurrences, agency case reviews and monitoring revealed that FPMs are not held consistently at all required decision points.

Focus group and survey results also showed that inviting relatives to participate in FPMs and Child and Family Team Meetings was the main strategy for engaging relatives in permanency planning for children in Foster Care. Other potential strategies included: Encouraging relative and family participation in service planning, approving relatives as foster parents, providing regular visitation, and ensuring that more emphasis is directed toward providing families with resources. Feedback and data also suggested that when relatives come forward and the child's custody is transferred to them, children tend to exit Foster Care within the first 90 days.

For children in Foster Care, Practice Guidance states that the worker should have contact with the parent(s) at least every month, as long as the goal is return home. When asked about the primary ways that workers engage parent(s) to work toward reunification as methods of practice, the top three responses were: 1. facilitating visitation between parents and children, 2. regular phone calls, and 3. inviting parent(s) to participate in activities with children (i.e. doctor's appointments). It was also noted that visits between parents and children are based on the parents' cooperation.

Overall, qualitative and quantitative analysis demonstrated that workers and supervisors understand policy and expectations. However, there is a gap in applying these expectations in practice (i.e., adaptive processes) which influences the ability to fully engage families which in turn impacts safety, regular contacts, assessments, service planning, monitoring of services, ensuring individualized services are available, concurrent planning, visitation with parents and siblings, timely permanency and worker turnover. As a result, implementing Practice Profiles, supervisor training, and a coaching model together will focus on providing supervisors with knowledge and skills to supervise and coach staff in applying concepts learned in training and utilizing the Practice Profiles to focus on building competencies and increasing family engagement practice skills.

Strategy 1.1: Install the Engagement Profile of Virginia's Practice Profiles Model (PIP LDSS Implementation)

Key Activity	**Project Completion Date:**
Key Activity 1.1.1: The Engagement Profile will be implemented and will be connected to supervisor and coaching trainings.	Quarter 1 thru 8
a. VDSS will hire Capacity Building Staff (CBS) to support implementation and organizational changes needed to address adaptive changes needed to successfully implement the Engagement Profile.	Quarter 1 thru 2
b. LDSS will complete a readiness assessment.	Quarter 3 thru 4
c. Training (supervisors and workers) will be provided as part of implementation.	Quarter 4 thru 6
d. Supervisors will work with CBS to infuse the Engagement Profile into supervisory strategies to support the development of workers' knowledge, skills, and ability to perform at the optimal level of practice.	Quarters 4 thru 7
e. Coaches will be identified and complete additional coaching trainings so that they can provide developmental support to staff to address adaptive practices.	Quarter 4 thru 8
i. A coaching community roundtable group will provide support and feedback to coaches.	

Strategy 1.2: Develop, enhance, and improve knowledge, skills, and abilities of workers to deliver consistent engagement practices. (PIP LDSS Implementation)

Key Activity	**Projected Completion Date**
Key Activity 1.1.2: To create consistency, CBS will establish regional Communities of Practice (COP) meetings to facilitate the Engagement Profile integration processes, sharing of ideas, and successes and challenges relative to integrating the Engagement Profile into workforce operational procedures.	Quarter 5 thru 8
a. Quarterly regional virtual or in-person meetings will be offered. b. Agendas will focus on themes, data, outcomes and adjustments as needed.	
Key Activity 1.1.3: Combine and centralize Family Engagement Practice Guidance from all program areas (Prevention, CPS, Foster Care and Adoption) to emphasize the importance of optimal practice in achieving safety and permanency, and develop clear definitions for the following..	Quarter 1 thru 2
a. Conducting and documenting quality, timely, and regular contacts with parents and children throughout all points in the case. b. Involving family, birth parent, relatives, youth, and foster parent engagement practices (safety planning, service planning, concurrent planning, and diligent searches). c. Family Partnership Meetings and Child and Family Team Meetings as related to working with families and driving all aspects of case practice.	

Goal 2: (Safety): Ensure safety for children through timely response to reports of child maltreatment and thoroughly assessing and addressing identified risk and safety issues to prevent reoccurrence and prevent placement and re-entry when possible.

Impact

(Items 1, 2, 3, 12, 13, 14, 20, 26, 27, 29, 30)

Virginia was not in substantial conformity with Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect. The outcome was rated as an Area Needing Improvement (ANI) and was substantially achieved in 67% of the cases reviewed. Safety Outcome 2 was rated as a strength and substantially achieved in 67% of the cases reviews. Virginia performed higher in Foster Care cases (70%) and Differential Response cases (71%), but much poorer on In-home cases (44%). Specifically, Item 2 was substantially achieved in 71% of the cases, with Foster Care at 62%, In-home cases at 75%, and Differential Response cases at 80%. Item 3 was substantially achieved in 67% of the cases with Foster Care and Differential Response cases performing at or about 70% and In-home cases performing at 44%.

During the CFSR case review and subsequently through the Child Welfare Case Reviews, findings highlighted concerns with timeliness of initiating investigations and family assessments, assessment and monitoring of risk and safety issues, the limited engagement of families in completing comprehensive assessments of needs, and the provision of safety services. The frequency and quality of caseworker engagement of families in the assessment and case planning processes varied statewide. The results of the cases reviewed and stakeholder interviews highlighted the inconsistency in case practice and performance, resources, and services across LDSS. Variation in the interpretation of laws, policies, standards, and funding and resources may contribute to the identified inconsistencies in practice and outcomes.

In looking at timeliness of initiating investigations and family assessments, data analysis demonstrated that neither worker turnover rates, the type of abuse, distance, race and gender of the victims and of the alleged abuser, nor the day of the referral significantly impact timeliness of initiating investigations. Town Hall events with supervisors and workers identified the following barriers:

- Delay in assigning cases;
- Difficulty locating clients;
- Lack of information in the referrals:
- Lack of time when assigned multiple R1s in the same day;
- Lack of time to make a second contact when the first contact attempt was unsuccessful;
- Not Following SDM screening protocols consistently; and,
- Family resistance.

Because 67% of the cases were initiated timely, we will focus efforts to address the remaining percentage of cases by enhancing worker awareness of the impact of delays on the child's safety, supervisor triage protocols, and utilizing real time data and CQI processes to ensure timeliness.

Further data analysis and feedback from Town Hall events showed that although safety and risk tools were completed, alleged victims and household members were not always seen and involved in the planning, and services were not initiated. Additionally, feedback from Town Halls, stakeholder events and survey responses highlighted that during investigations workers did not initiate services tending to

view “making a finding” as their primary role. Further identified barriers included:

- Services were not immediately and consistently available;
- Family was unreceptive to services;
- Workers waited to transfer/open cases; and,
- Workload demands delayed getting services in place.

Virginia’s Differential Response system showed differences in the way workers viewed their roles depending on whether they were responding to an investigation or family assessment. Service provision was more of a focus in family assessments, and although services were not immediately available and workload demands delayed getting services in place similarly to investigations, workers did acknowledge service provision as part of their role. Additionally, it was clear that workers and supervisors did not fully understand the difference between safety services (e.g. immediate daycare) and risk prevention services (e.g. mental health treatment). Town Hall event feedback also highlighted worker and supervisor lack of understanding of assessment tools and lack of “belief” in the tools’ usefulness. As a result, there is an obvious disconnect in overall practice regarding the connection between timeliness, visits, family engagement, service array, use of tools to help inform decision making, importance of remediating safety needs, initiating services, and quality documentation. Town Hall participants provided several solutions that focused on training as a solution. However, nearly 90% of staff completed mandatory training and all workers have access to additional training opportunities. This suggests that more of a focus is needed on LDSS directors and supervisors identifying time for workers to attend advanced training, utilizing transfer of learning activities upon completion of training, and supervisor coaching techniques to help workers connect training to case practice.

Much of CPS practice, guidance, and training focuses on intake, investigations, and family assessments. CFSR findings demonstrate that In-home cases were performing at 75% for Item 2 and 44% for Item 3. About 85% of high and very high cases are opened, which is expected because Virginia requires staff to open these cases. Of the open cases, data reflects that visits with children and family members are documented about 50% of the time, the Family Strengths and Needs Assessment (FSNA) tool is completed about 75% of the time, while service plans are completed about 87% of the time. It is a positive finding that tools are utilized and safety plans are developed and documented; yet, the data suggests that service plans are created without family involvement and information from the FSNA tool.

To support providing services identified by using the FSNA tool, it is important for services to be easily available. In the feedback and town hall events, themes of inconsistent approval of services and lack of safety services within regions and between LDSS emerged. The majority of services are funded through the Office of Children’s Services through the Children’s Services Act (CSA). Each LDSS has a CSA Community Policy and Management Team (CPMT) and services are approved by a Family Assessment Planning Team (FAPT), which is made up of LDSS, CSA, providers, parents, and foster parents. Because each LDSS has a different local CSA dollar match and approval depends on the individual FAPT teams, it has been difficult for services to be consistently available and consistently approved in a locally administered, state supervised system. Strategy 2.3.3 and 3.1 addresses the lack of services, approval of services, and inconsistency of services.

There is not a strong foundation for In-home case practice. This has led to inconsistency in practice, assessments, visits, and documentation. VDSS currently offers one training on In-home case practice

and assumes that other Foster Care training courses can supplement In-home training. In-home work with children in the home at high or very high risk requires a skill set that focuses on family engagement and establishing a relationship, identifying individualized needs, creating and monitoring case plans and progress with families while continually assessing safety and risk. Attention to In-home case practice at both the supervisor level and worker level is needed to create consistency in practice. Using the SDM and FSNA tools to create individualized case plans, and establish a frequent visitation schedule focusing on quality contacts to empower family members to participate in case planning, and support case decision-making through consistent use of the FSNA.

Town Hall events identified that workers utilized supervision to make decisions when considering a removal, creating safety plans, seeking funding, clarifying guidance, concerns with personal safety, assistance "thinking outside of the box," and identifying services. Staff also uses team staffing sessions to assist with decision-making. Although supervisors are engaged at specific decision points, survey results indicate that about 50% of the time workers receive formal supervision every other week and about 50% receive supervision one time a month. Additionally, most of the time supervisory sessions fail to include coaching and utilizing Practice Profiles. Limitations identified include supervisors carrying caseloads and making decisions on cases on behalf of workers. This is consistent with the feedback that challenges in our workforce at both the direct worker and supervisor level potentially have a negative impact on overall performance with the CFSR outcomes.

Strategy 2.1: Ensure victims of maltreatment reports are seen within state guidance timeline requirements. (Statewide Implementation)

Key Activity	**Projected Completion Date**
Key Activity 2.1.1: Implement a process where supervisors consult/triage with leadership if a worker identifies that initial contact cannot be made timely so that an alternative solution is identified to meet the timeline. a. Enhance Practice Guidance to require the worker to consult with supervisor prior to the timeline not being met. b. Train and implement enhanced practice guidance. I. Work with training team and regional offices to deliver training. II. Offer webinar recordings as refresher trainings. Incorporate guidance into new worker training	Quarter 1 thru 4
Key Activity 2.1.2: Establish a practice tool that is consistent with Federal requirements. a. Update Quality Assurance and Accountability (QAA) tool to mirror federal requirements in Onsite Review Instrument (OSRI) related to timely response. i. Review federal requirements in the OSRI regarding timely response. ii. Incorporate federal requirement language in the updated QAA tool and provide to the CQI/Data Workgroup.	Quarter 3 thru 4

Strategy 2.2: Revise and enhance In-home training specifically tailored for ongoing case workers and supervisors to highlight the importance of timely and frequent quality contacts with families, using SDM tools and safety plans, family involvement in making safety decisions, and immediately addressing conditions to remediate safety concerns identified during investigations and family assessments and ongoing work with youth and families. (Statewide Implementation)

Key Activity	Projected Completion Date
Key Activity 2.2.1: Create and offer a comprehensive In-home training specifically tailored for ongoing case workers and supervisors that addresses: a. Expectations of role as In-home worker. b. Casework procedures including number of visits, use of SDM tools, documentation, quality visits, etc. i. Defining frequency of visits by using the SDM risk re-assessment took and defining quality visits (using OSRI and QAA definitions). c. Using FSNA to drive service planning. d. Achieve clarity regarding how to work with the family to identify both service needs and providers that are accessible. e. Define how to manage and monitor an In-home case (phases of the work) and how to know when to close a case.	Quarter 4 thru 8

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. (Statewide Implementation)

Key Activity	Projected Completion Date
Key Activity 2.3.1: Implement practice guidance focused on the provision of safety related services. a. Provide safety services and initiating longer-term services before the investigation/ family assessment is closed and involve the In-home worker prior to case when opening so service implementation occurs more expeditiously. i. Identify a universally accepted definition of "safety-services" and concrete examples of safety-services. ii. Utilize virtual Rapid Response Teams to: (1) identify safety-services most commonly utilized by LDSS; (2) funding sources utilized by LDSS to purchase safety-services; (3) timeframes at LDSS to put safety-services in place; and (4) barriers to utilization of safety-services by LDSS.	Quarter 1 thru 2
Key Activity 2.3.2: Provide SDM specific practice guidance via a series of peer-to-peer interactive practice webinars on topics such as: a. Strategies used to meet timeframes when initiating investigations and family assessments and the impact on safety to the children. b. Use screening and assessment tools in decision making. c. Provide examples on how to complete accurate SDM assessments that are driven by youth and family involvement. d. Provide opportunities to discuss how SDM tools connect case practices in identifying safety needs, strengths, services, etc. e. Offer a supervisor-specific session focused on using SDM tools in decision making regarding safety, services, and quality visits.	Quarter 5 thru 8

Key Activity	Projected Completion Date
Key Activity 2.3.3: LDSS will Collaborate with partners to address service needs, gaps, barriers, and maximize the use of complementary funding sources such as Medicaid, Promoting Safe and Stable Families (PSSF a. Explore utilizing Medicaid expansion providers as an avenue for parents to receive services. i. Review or develop processes and practices to ensure that all families are assessed for Medicaid eligibility and will utilize Medicaid expansion providers as a path for parents to receive services. b. Identify and utilize existing assessments (including CPMT) and other sources of data to identify safety service needs at the community level and develop strategies to address them. c. The State Office will coordinate technical assistance to PIP Localities and their CPMTs. i. Develop action strategies with partner agencies and CSA to improve access/ reduce barriers, and maximize use of funds. ii. Develop and use an inventory tool for localities to assess agency practice in use of PSSF funds iii. Based upon inventory results, develop processes and procedures for localities to employ with their CPMTs to integrate PSSF expenditure decisions with the CSA structure d. Work with their local CPMT to establish local policies and procedures that enable emergency access to CSA funding.	Quarter 2 thru 6

Goal 3. Permanency Practices: **Improve permanency outcomes for children in foster care through concurrent planning, birth parent engagement and service provision, timely and quality court hearings, placement of children with relatives, improved recruitment, and engagement of service provision to foster and adoptive families.**

Impact

(Items 4, 5, 6, 8, 10 11, 12, 13, 14, 15. Systemic Factors 20, 23, 24, 29, 30, 35)

Permanency Outcome 1. Virginia is not in substantial conformity with Permanency Outcome 1. During the onsite review, the outcome was substantially achieved in only 18% of the 44 applicable cases. A rating of ANI was received for associated Items 4, 5, and 6.

With regard to Item 4, 70% of the 44 applicable cases reviewed during the CFSR were rated as a Strength. Placement changes were planned in only 40% of 20 applicable cases. Review of placement data for the cohort of children who entered and exited care from July 2011 through March 2017, showed 40% of children with one placement, 21% of children with two placements, and 20% of children with three or more placements. The data further showed that the number of placements went up as the child's length of time in care increased; although this aggregate number would also include cases where placement changes were related to the goal.

In general, increasing the number of approved foster homes (there are approximately 2,600) will provide youth with an opportunity to enter into a placement that is conducive to meeting their health, safety and well-being needs. An identified barrier is that the state does not have aggregated racial or ethnic demographic data for the approximately 50% of the statewide foster and adoptive parent population, due to each LDSS collecting data individually. As a result, the state is unable to ensure diligent recruitment of foster and adoptive parents statewide who reflect the racial and ethnic diversity of the children needing foster and adoptive homes. Part of the 3.2 Diligent Recruitment Strategic Plan will be to develop processes to record this information in the CCWIS system.

A particular gap, as identified by LDSS staff, are foster home placements for teenagers (approximately 38% of the foster care population) with foster parents who are trained and have supports necessary to meet the needs of older children (e.g., intensive case management, specialized services for children, etc.). Participants at Town Halls reported that LDSS struggle to find appropriate foster home placements for sibling groups, African American children and youth (approximately 30% of the foster care population), and teenagers, especially those who exhibit challenging behaviors or special needs. It was further reported that treatment foster care parents are no better equipped to support children who exhibit difficult behaviors than are LDSS-approved foster parents. Foster parent burnout and increasing/escalated needs of the child were identified by LDSS staff as the top two reasons foster parents decide to no longer foster children. Strategy 3.2 specifically addresses these issues as a comprehensive Diligent Recruitment Strategic Plan will be developed, by the Diligent Recruitment workgroup made up of state/regional staff, LDSS staff, stakeholders and foster parents. This plan will address data collection as well as determining the number and types of foster and adoptive homes needed as it relates to the foster care population.

CFSR findings related to Items 5 and 6 indicate that Virginia must make significant improvements in establishing appropriate permanency goals for children and in making concerted efforts to achieve reunification, guardianship (i.e., relative placement), adoption, or other planned permanent living arrangement. During onsite reviews, appropriate permanency goals were established in a timely manner in 64% of 42 applicable cases. Concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement were made in 25% of 44 applicable cases.

For children with the goal of reunification, concerted efforts were made in 37.5% of the cases reviewed during onsite reviews. Data available for state fiscal year 2018 (July 1, 2017-June 30, 2018) show that 58% of the children who were in foster care eight or more days and who exited to reunification, exited in fewer than 12 months. The median length of stay in foster care for these children was 10 months.

In the Town Halls, LDSS staff identified safety issues as a delay in reunification, noting that safety could not be addressed expeditiously (within six months) when the reason for entry into foster care included parental substance abuse. Staff also cited the resolution of non-safety related circumstances, (e.g., inadequate employment or housing) that arise or are identified after the child enters foster care, as a prerequisite for considering reunification. Barriers to addressing identified problems included:

- Limited access to providers who complete assessments.
- Limited or lack of services to address substance abuse, mental health, and trauma needs.
- Limited resources to address unstable housing.
- Inadequate transportation resources for parents.

Another barrier identified by LDSS staff to moving more quickly towards reunification is workload pressures in relation to increasing the number and length of visits between children and parents. Agency staffing issues was also one of the top three barriers identified by court community stakeholders to visitation between the child and his/her parents, and siblings being of sufficient frequency and quality to maintain and promote the continuity of these relationships. The lack of available visitation monitors/supervisors and the lack of community visitation facilities were the other two most frequently identified barriers.

In Town Halls, workers identified the use of Family Partnership Meetings (FPMs) as helpful for concurrent planning. Several workers also noted LDSS' practice of meeting more frequently with parents and relatives as helpful in moving cases along the permanency timeline. However, LDSS struggle to implement FPMs as required by guidance (prior to a placement change and prior to developing a foster care plan). This is reportedly due to large caseloads, conflicting priorities, difficulty in coordinating schedules with the family, relatives, and professionals, lack of facilitator availability, and limited or no access to transportation for the parent. Involving relatives in concurrent planning may also be difficult because of parental resistance to relative involvement, difficulty obtaining names and/or contact information for potential relative resources, and time and effort required to make ongoing efforts to involve relatives.

The results of the survey of LDSS staff point to a difference in the degree to which relative engagement is embraced as a strategy for permanency planning. Similar to the input received in Town Halls, LDSS staff survey data show "inviting relatives to participate in FPMs/child and family meetings" as the most frequently selected strategy for successfully engaging relatives in permanency planning (selected by 33% of respondents). The second and third most frequently selected strategies were "providing visitation with the child" and "[encouraging] relative/family input/involvement in service plans" (selected by 24% and 19% of respondents, respectively). Only 18% of respondents identified the actual process of approving relatives as foster parents as a strategy or opportunity for successfully engaging relatives. Improved concurrent planning practices through which increased numbers of relatives are approved as foster parents could help children maintain close ties with family members and improve permanency outcomes.

Survey responses from court community stakeholders identified the lack of concurrent planning as the top barrier to establishing and achieving permanency goals. This category of responses included the following themes:

(1) The concurrent goal is not being worked.
(2) Insufficient consideration/identification of the concurrent goal.
(3) Insufficient understanding among parents of what is required of them.
(4) Insufficient planning/discussion about the concurrent goal.
(5) Insufficient screening of relatives to provide a permanent home for the child.
(6) Lack of family/relative identification/engagement early in the case.

Responses also showed that while the concurrent plan goal is frequently stated at court hearings, the details about the concurrent plan goal (e.g., the services provided as part of the concurrent goal, the steps taken to promote the concurrent goal, etc.) are not presented in court with the same frequency.

With regard to permanency through adoption, Virginia has made significant progress. It would be

remiss not to note that Virginia set records in state fiscal years 2017 and 2018 with 747 and 820 finalized adoptions. Combined, the number of adoptions in these 2 state fiscal years is 32% higher than the number of finalized adoptions in state fiscal years 2015 and 2016 (1,188).

Despite this achievement, work remains to be done in Virginia to promote permanency through adoption. In cases reviewed during the CFSR, reviewers found concerted efforts to achieve permanency through adoption in only 19% of 26 applicable cases. Additionally, data available for state fiscal year 2018 (July 1, 2017-June 30, 2018) show that children who exited foster care to a finalized adoption during this period were in foster care in about 29 months (median). Of the children who became free for adoption in the preceding state fiscal year (2017), only 13% exited foster care in fewer than 12 months.

Virginia's CFSR identified as an ANI, the filing of termination of parental rights proceedings in accordance with required provisions (i.e., termination of parental rights is filed for all children in foster care 15 of the last 22 months or documenting in the foster care plan the compelling reasons not to file to terminate parental rights). In cases reviewed as part of the onsite review, 63% of petitions were filed timely or exceptions were noted in the case records. Barriers to timely filing, as identified during stakeholder interviews, included a missing/absent parent and the reluctance of LDSS counsel to file for termination of parental rights in cases in which the agency may not prevail.

Court community stakeholders identified a reluctance to initiate termination of parental rights proceedings as the top barrier to timely filing these petitions. This category of survey responses centered around the parent's being given additional time to complete services and indicated that additional time is provided as a result of: the delayed start of services, the nature of the service not being conducive to completion within the time frame required, or the parent is making progress towards completing services/remedying the circumstances that brought the child into foster care. When parents are making progress towards completing services, local departments do not believe they have sufficient evidence to support termination of parental rights.

In Virginia, a LDSS may, under identified circumstances, petition the court for approval of an interim foster care plan at the time of the first permanency planning hearing (i.e., the permanency hearing held within 12 months of a child entering foster care). An interim plan may be approved by the court for a maximum period of 6-months if the court finds that marked progress is being made towards reunification or is being made to achieve the permanency goal identified. (See VA Code § 16.1-282.1). Almost 80% of court community survey respondents indicated that the LDSS always or often requests approval of an interim plan. This response rate suggests that interim plans are being routinely requested and approved, at least in part to give parents additional time to complete services. Survey respondents were also asked to indicate the extent to which they agree with the following statement: *The child's length of stay in foster care, as it relates to the requirement that a termination of parental rights petition be filed for a child in foster care 15 of the last 22 months, is addressed in foster care hearings*. Sixty percent moderately agreed (31%), slightly agreed (21%), or did not at all agree (9%) with this statement. When interim plans are approved, the LDSS and court community must be mindful of the approaching timeframe for filing termination of parental rights proceedings.

Input from members of the Virginia Court Improvement Program's Advisory Committee related to barriers to timely filing for termination of parental rights also included: insufficient discussion about where the child's case is on the time line in relation to the requirement to file for termination of parental rights (i.e., that the child's length of stay in foster care is approaching, has reached, or has

passed the 15 of 22 months requirement for filing or documenting compelling reasons not to file a petition for termination of parental rights) and agency requests for approvals of interim plans to give parents more time to complete services.

Strategies 3.3 and 3.4 below were developed to address barriers related to relative identification and engagement, and the timely filing of termination of parental rights petitions. While these strategies can stand alone, we expect that the activities outlined in strategy 3.3 will pave the way for timely termination of parental rights petitions, assuming a higher priority permanency goal is not achievable leading up to the 15 of 22 months timeframe.

Permanency Outcome 2. Virginia is not in substantial conformity with Permanency Outcome 2. During the onsite reviews, the outcome was substantially achieved in only 30% of the 44 applicable cases reviewed. The three items with the lowest ratings were visiting with parents and siblings (Item 8, 35%); Relative placement (Item 10, 34%); and, Relationship of child in care with parents (Item 11, 30%). In regards to visitation, LDSS made concerted efforts to ensure frequency of visits were sufficient to maintain or support continuity of the relationship with mothers in 48% of the cases and with fathers in 50% of the applicable cases. The quality of the visits was sufficient to maintain or promote the continuity of the relationship with the mother in 55% of the cases and with fathers in 67% of the applicable cases. In Town Hall meetings, the most frequently cited successful strategy for engaging parents in case planning was the provision of visitation with the child or children, as this is often the best opportunity for workers to engage face-to-face with parents. However, workers reported wide differences in practice between agencies. Many reported that all visitation began with one hour of supervised visitation each week at the LDSS office. Initial visits were generally supervised by the assigned Foster Care worker. In some agencies, additional staff (case aides or service support workers) were assigned to assist with facilitating visits. Some workers reported that they were able to access funding to contract with a provider to offer therapeutic visitation to parents who needed additional support and coaching regarding parent-child interactions. Other staff reported that the delays in accessing funding or their localities' unwillingness to fund this type of services creates significant barriers to providing additional visitation.

The child's current or most recent placement with a relative was rated a Strength only 7% of the time. However, in 100% of those cases the child's placement was considered stable and appropriate to his/her needs. Despite previous efforts to increase the use of relatives as foster parents, the current statewide relative foster parent placement rate remains 5%. In the statewide staff survey, only 50% of respondents reported that his/ her agency approves relatives as foster parents. About 29% of respondents reported that their agency does not approve relatives due to family not being available and or willing. Respondents also reported that the top three barriers to relatives being approved are associated with relatives not completing the training/approval process, financial hardship, and lack of interest or involvement. It was also noted that relatives do not want to negatively impact their family relationships. Virginia's lengthy list of barrier crimes is frequently cited as a challenge to approving relatives to foster family members. For relatives who submit to a background check for the purpose of becoming a potential relative placement, 90% of relatives are identified as eligible which is contrary to the general belief that relatives can't meet the approval process. The low overall rate of placement with relatives, however, suggests that many relatives may be screened out for consideration by the LDSS prior to the point of submitting to background checks, due to worker assumptions that barrier crimes will not be approved.

Concerted efforts to promote, support, and otherwise maintain a positive nurturing relationship

between the child and his or her mother was found to be a Strength in 37% of applicable cases and with his or her father in 39%. Review of the CFSR cases indicates that there is a tendency to focus on the parent from whom the child was removed in regards to maintaining a relationship. Additionally, workers are not routinely enlisting foster parents as resources to support birth parent involvement in meeting the needs of the child.

Virginia is also not in substantial conformity with Well-being Outcome 1 as it was substantially achieved in only 25% of 44 Foster Care cases reviewed. Assessing and providing services to meet the needs of the child, parents, and foster parents (Item 12) was found to be an ANI because only 25% of the 44 applicable cases were rated a Strength. Local departments of social services did better with assessing the child's needs (77.27%) than providing appropriate services (59.46%). This was also true for mothers where assessments were conducted in 44.83% of the cases, but appropriate services were provided in only 37.93% of the cases. For fathers, assessments were conducted in only 20% of the cases, and appropriate services were provided in only 21.74% of the cases.

In Town Hall meetings, workers expressed concerns about the challenges in assessing parents' needs and providing appropriate services. They cited parental non-compliance, lack of transportation, and unavailability of services as particularly challenging. When barriers to providing services to parents was specifically addressed, workers noted difficulty quickly accessing funding for services based on their particular locality practices as an additional barrier.

Involvement of the child and family in case planning was rated a Strength in only 41% of 39 applicable cases. The child was most frequently involved (73.08%). Mothers were involved in 48.28% of cases and fathers were the least involved in 26.09% of applicable cases. Foster Care Practice Guidance recommends the use of monthly Child and Family Team Meetings which bring parents, older children, foster families, services providers, relatives, attorneys, and Court Appointed Special Advocates (CASA) representatives to the table to review progress, discuss challenges or barriers, and make adjustments to the family and/or child's service plan as needed. Where the LDSS are using this model, agency case reviews find a much higher level of ongoing communication and engagement with all birth and foster parents. Where this model is not being routinely used, efforts to engage the parents and monitoring and adjustment of services is frequently cited as an area needing improvement. In the Town Halls, while acknowledging that regular Child and Family Team Meetings were beneficial in moving cases forward, workers cited difficulties in engaging parents and relatives as reasons not to hold these meetings.

Although worker visits are consistently occurring on a monthly basis with 95% or more of the children in care, contact with child (Item 14) was found to be a strength in 77% of applicable cases. A closer look at the CFSR cases and results of VDSS's Agency Case Review process indicate that workers are not maximizing the effectiveness of the time they spend with children. In particular, they are not systematically assessing safety or adjusting the frequency of their contacts based on case circumstances.

For worker contact with parents (Item 15), the pattern of worker visits with the mother was found to be sufficient in only 31% of cases reviewed, and the quality of the contact was found to be sufficient in only 36% of cases. For the father, the pattern was found to be sufficient in only 22% of applicable cases, and the quality was found to be sufficient in only 29% of cases. A closer look at the CFSR and Agency Case Review findings, indicate that workers tend to make greater efforts to engage the parent from whom the child was removed.

Review of permanency data suggests that permanency outcomes are not substantially different among children based on individual demographic characteristics or between agencies based on size or region. Moreover, Virginia's Agency Case Review process has identified similar challenges and inconsistencies in efforts to implement concurrent planning and birth parent and relative engagement practices in multiple agencies in all regions.

Enhancing Family Engagement practices and Workforce issues will be addressed in separate goals. PIP strategies for Permanency will focus on enhancing practice areas which are underdeveloped (assessment and support of foster parents to prevent placement disruption, visitation of child with birth parents, use of relatives as foster parents) and addressing systemic barriers to timely achievement of permanency (availability of services, timely court hearings, and foster parent recruitment.)

Strategy 3.1: Collaborate with partners to identify and decrease barriers to family engagement, service provision, visitation, and timely permanence. (PIP LDSS Implementation)

Key Activity	**Projected Completion Date**
Key Activity 3.1.1: LDSS will develop community-based strategies to overcome barriers to providing reunification services and visits between the child and parents, which are frequent enough and of sufficient quality to promote continuity of the relationship. a. Identify and review existing community data reports and annual assessments to determine gaps in services and barriers to treatment b. LDSS revise local policy regarding visitation to include consideration of: i. Alternative locations for visitation ii. Use of 'family time' language rather than "visitation" iii. Use of teaming in developing a visitation plan iv. Regular review of visitation plans (every 30 to 45 days) to ensure increase in frequency and reduction of supervision as quickly as appropriate c. Engage community partners (foster/resource and kinship family, providers, CASA, GAL, faith community, etc.) to consider how to expand capacity for providing supported visitation in the community. d. Work with local CPMT/CSA to establish local policies and procedures that enable access to enhanced customized reunification services and practices, and visitation services e. Review and revise local policy related to use of PSSF funding to support reunification.	Quarter 3 thru 6

Strategy 3.2: Strategically focus on recruitment and retention efforts targeting relatives and foster homes. (Statewide Implementation)

Key Activity	Projected Completion Date
Key Activity 3.2.1: VDSS will Implement a clear recruitment plan with technical assistance supports	Quarter 2 thru 6
a. Establish a Diligent Recruitment Advisory Committee that will oversee the development and implementation of a Diligent Recruitment Plan.	Quarter 1 thru 4
b. Provide technical assistance and guidance on full disclosure and options for relatives. i. Strengthen current Practice Guidance. ii. Develop tipsheets for families, workers, and supervisors. iii. Deliver five regional events for recruitment with activities tailored to the varying needs of each region.	Quarter 3 thru 5
c. Implement a check list for supervisors to ensure searches are completed, documented and reported in a consistent manner.	Quarter 2 thru 4
d. Enhance activities offered at the annual event (during Foster Care Month and/or Family Engagement Month) focusing on recruiting and retaining foster families.	Quarter 3 thru 6
Key Activity 3.2.2: Implement a frequent relative search process throughout the case to increase the number of relative foster homes. a. Revise Practice Guidance to include relative searches and documentation efforts in OASIS/COMPASS at the following points i. Prior to the Child and Family Team Meeting. ii. Prior to removal. iii. On a regular quarterly basis. b. Add reminders for workers and supervisors to COMPASS Mobility App to correspond with each aforementioned search point.	Quarter 3 thru 7

VDSS and CIP PIP Collaboration

As mentioned on page 4, to ensure the court community had the opportunity to provide input into developing strategies 3.3 and 3.4 (below) a joint stakeholder engagement process occurred with Virginia's Court Improvement Program (CIP) to obtain feedback from court community stakeholders (i.e., attorneys for local departments of social services, attorneys for parents, guardians ad litem, and juvenile and domestic relations district court judges). Focus was placed on CFSR Items 5 and 6 (timely establishment and timely achievement of permanency goals), and Item 23 (filing of petitions for termination of parental rights in accordance with required provisions). Efforts included

- CIP hosting an advisory meeting to complete root cause analysis work on CFSR items 5, 6, and 23;
- CIP refining and distributing surveys to 119 J&DR district court judges and to 1,526 attorneys who represent local departments of social services or who serve as counsel for parents and/or as guardians ad litem for children;
- CIP and VDSS hosting a jointly planned all-day meeting with 18 LDSS teams that included a J&DR district court judge, attorneys who represent local departments of social services, guardians ad litem for children, parents' counsel, LDSS staff, and court appointed special advocates. The meeting provided court community stakeholders and local agency staff an opportunity to meet collectively to hear and consider the CFSR findings and the results of root cause analysis work completed in relation to Items 5, 6, and 23.

The input of these teams has been further refined by CIP and VDSS and is included in this program improvement plan reflected in strategies 3.3 and 3.4. The CIP will continue to serve as advisors on the PIP Court Community Workgroup and also co-plan and co-present at PIP Planning meetings.

Strategy 3.3: Enhance court processes to promote early identification and engagement of relatives in court hearings (i) to identify and encourage relatives' involvement in decision making and needs assessment for the development of the foster care plan and (ii) for consideration of relatives as foster care or permanency placement options. (Statewide Implementation)

Key Activity	**Projected Completion Date**
Key Activity 3.3.1: VDSS and the Court Improvement Program will develop a relative identification tool for review in court hearings upon submission by the local department of social services. This tool may be submitted at all court hearings to facilitate early identification of relatives who may be placement options for children in foster care. a. Assess current relative identification tools utilized by localities and other states. b. Identify the information to be collected on the tool (e.g., name and relationship, last known address, phone number or e-mail address, etc.); create the relative identification tool. c. Outline LDSS and court processes for utilizing the tool at the local level. d. Submit the tool to the court community work group and CIP Advisory Committee for review; request feedback. e. Analyze feedback and finalize the tool. i. Broadcast availability; develop and deliver training and technical assistance to all end-users. VDSS will broadcast availability of the tool to LDSS and VDSS regional directors. ii. CIP will broadcast availability of the tool to J&DR district court judges, attorneys representing local departments of social services for whom we have contact information, qualified guardians ad litem for children (who alternatively serve as counsel for parents), and the CASA Program State Coordinator for distribution to local CASA programs. iii. The broadcast will include the role of parents' counsel and guardians ad litem in working with their respective clients to facilitate the gathering of information about relatives who may be placement options. f. Partner with CQI work group to develop methodologies to collect and analyze data on implementation of the relative identification and outcome data. Complete feedback loop to VDSS Program Managers on use of the tool and data outcomes; revise tool as needed.	Quarters 4 thru 5

Key Activity	Projected Completion Date
Key Activity 3.3.2: VDSS and the Court Improvement Program will develop a bench card for use at all court hearings that offers a series of questions to assess agency efforts to move a child to permanency. Judges will be prompted to raise practice expectations among the LDSS, agency counsel, parents' counsel, and guardians ad litem for children through the focused questions. a. Assess resources designed to promote permanency for children in foster care, including identification and engagement of relatives by agencies. b. Develop and draft the content of the bench card. c. Submit the draft bench card to the court community work group and CIP Advisory Committee for review; request feedback. d. Analyze feedback and finalize the bench card. e. Develop and execute plan to implement the bench card in the PIP implementation localities. f. Revise or expand use of the bench card based on the feedback received.	Bench card finalized Quarters 3 thru 5 Bench card implemented in PIP implementation localities Quarters 6 thru 8
Key Activity 3.3.3: In collaboration with VDSS, the Court Improvement Program will revise the *Handbook for Parents and Guardians in Child Dependency Cases* to add a section on relative identification and the importance of parents cooperating in efforts to identify relatives who may be placement options for their child. This Handbook is designed to help parents understand what will happen throughout the course of a child dependency court case. a. Identify and review resources regarding relative identification. b. Develop and draft the content of the relative identification section of the Handbook. c. Submit the Handbook with added relative identification section to the court community work group and CIP Advisory Committee for review; request feedback. d. Analyze feedback and finalize the Handbook. e. Submit the new section of the Handbook for translation to Spanish. f. Print the Handbook, notify courts of availability, and disseminate printed copies as requested for parents. g. Develop methodologies to collect and analyze data on the usefulness of the Handbook. Note: The Handbook is written at a 6th grade level and is available in English and Spanish. It is distributed to parents and guardians of children entering foster care by local J&DR district courts. It is also available on the Virginia judicial system's internet site.	Handbook finalized Quarters 3 thru 5

Strategy 3.4: Enhance court processes to reinforce the requirement that termination of parental rights petitions are filed in accordance with required provisions. (Statewide Implementation)

Key Activity	Projected Completion Date
Key Activity 3.4.1: VDSS will assess the foster care service plan and foster care service plan review templates to identify where the local agency documents a compelling reason not to file a petition for termination of parental rights (TPR); make changes, as necessary and appropriate. a. LDSS will use Part B of the foster care service plan to document compelling reasons not to file a petition for TPR[2]. b. VDSS will strengthen child welfare Practice Guidance by adding specific compelling reasons language to guidance.	Quarters 3 thru 6
Key Activity 3.4.2: The Court Improvement Program will develop a proposed revision to the *Petition for Permanency Planning Hearing* (district court form DC-556), to include an indicator for the local agency to identify that a compelling reason for not filing a petition for termination of parental rights is documented in the foster care service plan or foster care service plan review.[3] a. Draft the language for inclusion on the Petition for Permanency Planning Hearing and create a mock-up. b. Develop an abstract describing the proposed revisions to the Petition for Permanency Planning Hearing, including the reasons for revisions as responsive to requirements of federal and state law and as a means of enhancing the evidence presented and judicial inquiry about the appropriateness of filing, or the compelling reason for not filing, the termination of parental rights petition(s). c. Submit the proposed revision and abstract to the Department of Legal Research for inclusion on the District Court Forms Advisory Committee (DCFAC) meeting agenda for review and consideration for approval; complete revisions as needed. d. Attend the DCFAC meeting and explain, recommend, and resolve any questions about the proposed revision to the Petition for Permanency Planning Hearing to the Committee. e. Release the revised Petition for Permanency Planning Hearing to the courts through the judicial system's intranet site. f. Release the revised Petition for Permanency Planning Hearing to the legal community through the judicial system's interface with the Virginia State Bar.	Quarters 6 thru 8

[2] Virginia's foster care service plan has two parts, Part A and Part B. Foster care guidance explains that Part B is completed when the child cannot be returned to his parent or prior custodian within a practicable time (§ 16.1-281). This section is completed based on the goal for the child and includes the option to indicate whether a child has been in care 15 of the most recent 22 months and to document a compelling reason not to file a petition for termination of parental rights in a child's case.

[3] The *Petition for Permanency Planning Hearing* is the form petition required to be used by local agencies to request the court to docket a case for a permanency planning hearing and enter specific findings. As a pleading, this form change will direct the court's attention to the compelling reason documented in the foster care plan

Key Activity	Projected Completion Date
Key Activity 3.4.3: The Court Improvement Program will develop a proposed revision to the *Permanency Planning Order* (district court form DC-557), to include an indicator that the court has reviewed the compelling reason for not filing a petition for termination of parental rights that is documented in the foster care service plan or foster care service plan review.[4] a. Draft the language for inclusion on the Permanency Planning Order and create a mock-up. b. Develop an abstract describing the proposed revisions to the Permanency Planning Order, including the reasons for revisions as responsive to requirements of federal and state law and as a means for enhancing judicial oversight of the appropriateness of filing, or the compelling reason for not filing, the termination of parental rights petition(s). c. Submit the proposed revision and abstract to the Department of Legal Research for inclusion on the District Court Forms Advisory Committee (DCFAC) meeting agenda for review and consideration for approval; complete revisions as needed. d. Attend the DCFAC meeting and explain, recommend, and resolve any questions about the proposed revision to the Permanency Planning Order to the Committee. e. Release the revised Permanency Planning Order to the courts through the judicial system's intranet site and the Juvenile Case Management System. f. Release the revised Permanency Planning Order to the legal community through the judicial system's interface with the Virginia State Bar.	Quarters 6 thru 8

and prompt the local agency to present evidence on the appropriateness of filing, or the compelling reason not to file, the petition for termination of parental rights.

[4] The *Permanency Planning Order* is the form order used by all Virginia J&DR district courts to document judicial determinations and enter orders in permanency planning cases. District courts are required by statute to use the district court forms. Use of the form is facilitated by being programmed in Virginia's Juvenile Case Management System and updated when the form is revised.

Key Activity	Projected Completion Date
Key Activity 3.4.4: VDSS and the Court Improvement Program will, through the development and distribution of an informational memorandum, outline state and federal provisions on the filing of petitions for termination of parental rights and set expectations that local departments of social services, judges, counsel for LDSS, parents' counsel, guardians ad litem for children, and CASA will promote discussions about a child's length of stay in foster care so that petitions for termination of parental rights are timely filed or compelling reasons for not filing are properly documented. a. Draft the informational memorandum. i. Outline the provisions of state and federal law requiring that the petition(s) for termination of parental rights be filed for children in foster care 15 of the most recent 22 months or that a compelling reason not to file is documented in the child's foster care plan. ii. Outline the compelling reasons for not to filing a petition for termination of parental rights. iii. Describe where and how to properly document a compelling reason not to file a petition for termination of parental rights in the foster care service plan and foster care service plan review. iv. Describe the related revisions to the Petition for Permanency Planning Hearing and Permanency Planning Order and the reasons for the revisions as responsive to requirements of federal and state law and as a means of enhancing accountability and judicial oversight of the appropriateness of filing, or the compelling reason for not filing, the petition(s) for termination of parental rights. v. Outline the current best practice recommendation that the petition(s) for termination of parental rights be filed in conjunction with the petition for the permanency planning hearing and foster care plan specifying a permanency goal of adoption and documenting termination of parental rights as being in the best interest of the child; update as necessary. This practice is recommended for all foster care cases unless approval of an interim plan is requested by the LDSS at the time of the first permanency planning hearing. vi. Establish a new best practice recommendation to address the filing of the petition(s) for termination of parental rights when an interim plan is requested by the LDSS and approved by the court at the time of the first permanency planning hearing and when, upon assessment by the LDSS, the parent(s) are not making progress towards completing the services identified in the interim plan. Consider the timing of the assessment by the LDSS, the documents to be filed with the court when progress is not being made towards completing identified services (e.g., petitions, foster care plan, affidavits, etc.) and the timing of the filing of these documents. b. Submit the informational memorandum to the court community work group and CIP Advisory Committee for review; request feedback. c. Analyze feedback and finalize the informational memorandum. d. VDSS will complete internal administrative processes for sending Broadcasts to LDSS and regional DSS directors.	**Projected Completion Date:** Quarters 7 thru 8

Key Activity	Projected Completion Date
e. CIP and VDSS will coordinate a date for distributing the informational memorandum. f. Broadcast the informational memorandum. i. VDSS will broadcast the informational memorandum to LDSS and VDSS regional directors and will post the informational memorandum on the child welfare agency's intranet site. LDSS managers/supervisors will be instructed to present and review the content of the informational memorandum with LDSS case workers. ii. CIP will broadcast the informational memorandum to J&DR district court judges, attorneys representing LDSS for whom we have contact information, qualified guardians ad litem for children (who alternatively serve as counsel for parents), and the Court Appointed Special Advocate (CASA) Program State Coordinator for distribution to local CASA programs and will post the informational memorandum to CIP's home page on the judicial system's intranet site. g. Provide technical assistance related to documentation of compelling reasons not to file the petition(s) for termination of parental rights and best practice recommendations outlined in the informational memorandum. Technical assistance includes incorporating recommended practices into foster care training and trainings developed for qualified guardians ad litem for children and counsel for LDSS, updating foster care Practice Guidance, sharing recommendations at quarterly child welfare supervisor meetings and with regional offices, etc.	Quarters 7 thru 8

Goal 4: (Workforce) Improve the consistency in practice to ensure safety, permanency, and well-being outcomes by investing in a well-trained workforce that is prepared, knowledgeable, and skilled.

Impact

(Items: Systemic Factors 26, 27, 32, 33)

VDSS currently has a high turnover rate for child welfare workers with the overall highest turnover rate of 41.6% for new Family Services Specialist I positions; the highest rate within this category of 61.1% occurring in small agencies with fewer than 20 employees (increase of 14.4% from the previous year), and 50% in medium agencies with between 21-80 employees. Additionally, supervisors in small agencies are leaving their agencies at a rate of 26.1% while medium sized agencies have a much lower turnover rate in only 12.6% and large agencies a rate of 22.3%. New workers are not staying in their positions long enough to complete required training which takes approximately two years from the date of hire.

VDSS is taking a dual approach to address the challenging issue of retention. First VDSS contracted with the University of Denver, Butler Institute for Families to assess the Family Services training model, conduct a nationwide scan of training systems, and make recommendations to improve the

Division's training system. The study included a review of Virginia documents including Training System Task Force Report; 2016 Local Social Services Training Needs Assessment; Five-Year State Plan for Child and Family Services, training section; and, the Virginia Child and Family Services Review (CFSR). The study also included a Training System Self-Assessment performed by the leadership team; staff surveys sent to 2,717 VDSS staff with a 52% response rate; 13 listening sessions conducted in all five regions with a total of 147 participants; and completion of a national scan (using surveys and follow-up telephone interviews of state child welfare training systems located throughout the United States.[5] VDSS is implementing the primary recommendation of the Butler Study below as summarized in Strategy 4.1 below. The component of our approach to improved retention is using technological solutions to provide immediate access to allow workers to document in real time using transcription services and mobility under Strategy 4.2. Taken together, VDSS is optimistic about the multiplier effect of an adaptive and technical approach to improving retention.\

Strategy 4.1: Provide advanced training to support and enhance supervision skills to include coaching. (Implement Statewide)

Key Activity	**Projected Completion Date**
Key Activity 4.1.1: VDSS will Implement a mandatory *Child Welfare Leadership Institute* for supervisors a. Develop foundational and advanced training for all supervisors. b. Develop detailed series of competencies needed to effectively direct and assist their workers in providing effective child welfare practice. a. Install methods for tracking and/or monitoring performance. b. Host five regional events for supervisors on relevant skill topics. c. Develop a supervisor manual on how to support transfer of learning from classroom to on the job including coaching.	Quarter 2
Key Activity 4.1.2: Establish an evaluation methodology, such as the Kirkpatrick Model, that measures competencies and the four levels of learning. a. Track all mandated supervisor training requirements of Core Supervisor Series to ensure completion b. Provide completion certification for all modules in the series. a. Conduct bi-annual needs assessment survey with supervisors to further identify on-going training topics b. Develop and utilize a robust training evaluation system that includes demonstration of sustained impact to include behavioral changes in practice. c. Develop, implement course completion testing for courses primarily focused on policy.	Quarter 2 to 8

[5] Full study results and recommendations are available upon request VDSS Division of Family Services.

Strategy 4.2: Provide staff with innovative technology to assist with practice in the field and allow the workforce flexibility in how, when, and where casework is completed. (Statewide Implementation)

Key Activity	Projected Completion Date
Key Activity 4.2.1: VDSS obtained a statewide contract to provide transcription services to all family services specialists (FSS) in the Commonwealth to support quality and timely case documentation. a. Train FFS Supervisors and VDSS staff on transcription services. b. Implement transcription services to all family services specialists through a phased roll out in each region. c. Connect to CQI strategies to manage by data to implement the new technology effectively.	Quarter 1
Key Activity 4.2.2: VDSS will acquire mobility technology to allow efficiency and accuracy when completing case documentation, so that staff report job satisfaction and intent to stay in the workforce, and continually improve their casework practice thereby reducing turnover ultimately leading to better outcomes for the children and families we serve. a. Pilot mobile device and application in the field. b. Evaluate pilot data. c. Train field on the mobile solution. d. Deploy mobile devices and applications to all child welfare family services specialist. e. Manage by data/CQI to implement the new technology effectively.	Quarter 3 to 7

IV. Virginia's CFSR 2017 Program Improvement Plan Sampling (Measurement) Plan

The Virginia Program Improvement Plan (PIP) includes a retrospective baseline and a stratified selection of localities representing the diverse geography and population of the state. The Virginia child welfare system is divided into five Regions: Northern, Eastern, Central, Piedmont, and Western. Each of the five regions contains a cross-section of city and rural population centers.

To ensure a statewide representative sample, the state will stratify the sample by all five Regions based on the percentage of caseload size. The state plans on reviewing 70 cases each six-month measurement period. These 70 cases (44 total Foster Care cases and 26 total In-home services cases) will be randomly selected throughout the five regions during the six months of the PIP measurement period.

During the six months of the PIP measurement period, Virginia proposes using a rolling quarterly sample to review the 70 cases divided by region. The number of Foster Care and Child Protective Services (CPS) cases will remain the same each measurement period. Each measurement periods will consist of two quarterly sample pulls. To take into account Virginia's largest metropolitan locality, Fairfax will have at a minimum one foster care and one in-home services case.

During each quarterly rolling sample, Virginia will review 22 Foster Care cases and 13 In-home cases. In addition, Virginia will have rolling six-month measurement periods advancing the six-month measurement period every quarter after the baseline period. For example, Feb-July 2018 = baseline period, May-October 2018 = measurement period one, August 2018 – January 2019 = measurement period two.

Quarter A

Region/ Locality	Total #	# Foster Care Cases	# In-home Cases
Western	6	4	2
Piedmont	8	5	3
Eastern	8	5	3
Central	5	3	2
Northern	8	5	3
Total	35	22	13

Quarter B

Region/ Locality	Total #	# Foster Care Cases	# In-home Cases
Western	5	3	2
Piedmont	8	5	3
Eastern	8	5	3
Central	6	4	2
Northern	8	5	3
Total	35	22	13

Sampling Methodology

The proposed Virginia sampling methodology follows a rolling quarterly sample. Virginia's rolling quarterly samples during the six-month case measurement period will consist of a six-month sample period for Foster Care cases and an additional 45 days for CPS Ongoing cases. Virginia proposes the random selection of cases for review to occur approximately 60-days prior to the first month scheduled in that quarter utilizing the following method; the cases selected will be drawn from two separate samples. One sample pool would consist of the total number of Foster Care cases from that region, and one sample pool would consist of the total number of CPS Ongoing cases from that region. The In-home cases will also include alternative response cases. It is important to note that Virginia currently does not have guardianship cases.

Foster Care cases, VDSS's Children's Services System Outcomes Selection Criteria (CSSTO) is the base data set for building the Foster Care sample. The CSSTO is based on Virginia Department of Social Services (VDSS) Federal AFCARS mapping procedures. The data file is updated during the first week of each month on a rolling year basis. The reporting months are always 30 days behind the actual live time of the data pull (e.g., for the year ending in December 2015, data represents a point in time as of 2/1/16). Criteria for the random sample selected are that they must meet AFCARS standards for a Foster Care client, and must be in Foster Care for at least 24 hours during the reporting period.

For the CPS Ongoing case sample, R-OASIS is the data set used. The query will be going into a copy of OASIS (VDSS Case Management system) and querying against any record present that meets the criteria of case type CPS Ongoing and must have a CPS Ongoing Case type open at least one day during the "begin date" and "end date." R-OASIS is updated once per month during the 1st week of each month. This data is overwritten monthly when R-OASIS is updated.

To ensure that a final sample of 70 cases (43 Foster Care cases and 27 In-home services cases) are reviewed during the six-month measurement period, the remainder of the sample frame will serve as the oversample. If a case is eliminated during the initial elimination process which will happen prior to the agency being notified of the review, the new case will be the next case listed on the sample. If a case in the sample is eliminated after the agency has been notified of a review, the next oversample case will be selected from the same agency in which the case was originally eliminated.

The PIP cases selected will review all 18 items from the federal CFSR instrument, utilizing the federal Online Monitoring System (OMS). After the baseline period, the state will monitor the number of applicable cases halfway through the sample, and if it appears one or more items will not have a sufficient number of applicable cases, the state will replace the case with the next case down on the random sample list that is applicable to those item(s). If during the measurement period Virginia has not pulled the sufficient percentage of applicable cases additional cases will be pulled until the standard has been met. Virginia will rely on the distribution of the random sample, and will only make adjustments through case elimination as needed to ensure that Fairfax is represented and the number of applicable cases threshold is met.

Case Elimination Requirements

Virginia plans to continue using the OSRI and its instructions to collect information on all necessary items. VDSS will utilize the Children's Bureau for assistance in implementing and adhering to guidance related to the instrument. VDSS will use the Children's Bureau case elimination criteria.

VDSS will perform case elimination on Foster Care and In-home sample cases to ensure only appropriate cases are reviewed until the number of cases needed based on level is identified. VDSS's proposed case elimination protocol includes the tracking of cases eliminated to ensure documentation to support such eliminations.

The following criteria, by case type, will eliminate the case from the sample:

- An In-home services case open for fewer than 45 consecutive days during the period under review.
- An In-home services case in which any child in the family was in Foster Care for more than 24 hours during the period under review.
- A Foster Care case open fewer than 24 hours during the period under review, which starts at the beginning of the sampling period and ends when the case is reviewed. For example, for a review held in January 2016, child must be in care at least 24 hours sometime during the sampling period of 01/01/15 and 06/30/15.
- A Foster Care case in which the child was on a trial home visit (placement at home) during the entire period under review.
- A Foster Care case that was closed according to agency policy before the sample period begins.
- A case in which the target child reached the age of majority (18 years old) before the period under review.
- A case in which the child is or was in the placement and care responsibility of another state, and VDSS is providing supervision through an Interstate Compact for the Placement of Children agreement.

- A case appearing multiple times in the sample, such as a case that involves siblings in Foster Care in separate cases or an In-home services case that was opened more than one time during a sampling period.
- A Foster Care case in which the child's adoption or guardianship was finalized before the period under review and the child is no longer in Foster Care.
- A case open for subsidized adoption payment only and not open to other services.
- A case in which the child was placed for the entire period under review in a locked juvenile facility or other placement that does not meet the federal definition of Foster Care at 45 CFR § 1355.20.
- Case has pending litigation against the agency under review (subject to prior approval from Children's Bureau).

In addition to meeting the Children's Bureau criteria, VDSS also has a state specific elimination protocol to address other possible case eliminations consistently, including when key participant interviews cannot be arranged or interviewees are not available. An example could be a key participant who is out of the country on military deployment. In order to be considered for elimination, attempts to get the participants perspective will need to be documented and will be on a case-by-case basis. In addition, cases where there are known documented safety concerns could also be considered for elimination. In order to be considered for elimination, attempts to get the participants perspective will need to be documented as well as attempts to identify any safety protocols to deal with the safety concern. These eliminations would be made in coordination and consultation with the Children's Bureau.

CFSR Titles and Roles

Statewide Leader: The VDSS Quality Assurance and Accountability (QAA) Supervisor will serve as the Statewide Leader to:

- Develop and implement training for all review participants.
- Approve the schedule for regional reviews.
- Assign the pool of Reviewers to teams and assign the teams to the regional sites.
- Identify the second level QA teams for each case review.
- Assign cases to the review teams and ensure equitable distribution of cases to maintain review workload balance.
- Provide consultation to Regional Site Leaders (RSL) and review teams during completion of review instruments.
- Receive feedback from the RSL and QA on the review process and make adjustments as needed.
- Be available each regional review to provide technical assistance to the local teams, debrief the Reviewers, and monitor the process and procedures.
- Receive questions or issues about the review process, resolve and respond to those questions and issues and ensure that the information is distributed and posted, as necessary.
- Provide final decision making on any areas of disagreement or concern with the review team for response or further follow-up.
- Ensure that the Quality Assurance (QA) case review process complies with the requirements for the Child and Family Services Review (CFSR) and the OSRI tool.
- Implement comprehensive statewide QA case review process in accord with the new standards.

- Provide overall coordination and communication with the Children's Bureau.
- Share federal guidance with reviewers when guidance is sent as a result of Secondary Oversight or clarification based on QA that requires a change to the item rating and/or item rating summary.
- Responsible for facilitating a discussion leading to an understanding of guidance and accurate rating in OSRI, consulting with CB staff if needed.

Regional Site Leaders (RSL): The VDSS CFSR Program Specialist for the region will serve as the RSL for their specific region to:

- Assist LDSS with scheduling case-related interviews prior to the reviews.
- Reserve training space and review sites for the teams.
- Ensure that materials are prepared and available for training.
- Collaborate with their regional and LDSS selected for review to plan for the review, and facilitate meetings prior and during the review week.
- Scheduling reviews, preparing reviewer packets.
- Partner with the review teams in order to ensure consistency and accuracy of ratings, facilitate debriefing sessions, and provide preliminary results to the county office at the conclusion of the review week.
- Ensure that each review team has record accessibility and is able to complete the assigned sample of reviews.
- Provide each review team with the schedule of case-related interviews.
- Orient the regional review team to the review process and schedule, as well as the protocol and designated contacts for QA.
- Oversee the review process and its logistics to ensure that case reviews are completed within timeframes.
- Ensure consultation with the Quality Assurance Team.
- Receive and maintain the database of updated review information, FAQs, changes, etc.
- Facilitate questions and answers to and from the Reviewers, QA Team and the Statewide Leader.
- Address any issues that arise during the course of the review including further exclusions, interviews, safety concerns and conflict of interest issues.
- Maintain communication and direct issues to the Statewide Lead.
- Ensure that the OSRI tool has been uploaded after the review has been completed.
- Address any scheduling issues that arise during the review.
- Work with the Reviewers, RSL and QA workers to resolve any other issues during the review.

Reviewers: Statewide Department of Family Services staff who are knowledgeable about practice, and policy. Reviewers may include RSLs, Program Managers; Regional Consultants; frontline supervisors; experienced caseworkers with demonstrated competence. The Statewide Leader will obtain the completed statewide list of reviewers and choose a final list of reviewers for each region. A review team will consist of two reviewers. Reviewers will complete the training process to be approved as reviewers for the CFSR.

- Reviewers will conduct the case review involving the OSRI
- Reviewers will conduct the interviews of case participants.
- Reviewers share equal responsibility in assuring that the rating protocols are completed according to instructions and training.

- Reviewers will collaboratively decide who will interview each of the case participants.
- Reviewers will adjust their schedules to be available during scheduled reviews and prioritize the completion of their assigned reviews within the designated time period.
- Notify the RSL of any safety concerns or other issues that arise during the course of the review.
- Reviewers must maintain access to OMS through finalization of the case.

Quality Assurance Team: Each case will be assigned a Quality Assurance worker during the review who could be the same person as the RSL. In addition, 50 percent at minimum will have second level QA completed prior to releasing the case for secondary oversight. The second level QA worker will be identified by the Statewide Leader and may compromise of State QA reviewers, Regional Consultants, and Program Managers.

First and Second Level QA will:

- Ensure that the case review was conducted according to procedures and that the review tool adequately reflects the case record and information gathered.
- Review the case record by reading notes and other available information to gain knowledge of the case under review.
- Noting the elements of the review tool, note any comments or potential points of discussion with review team.

As the review is occurring:

1. Discuss the case with the review team, noting information from the QA Team's own case review.
2. Determine whether the review tool accurately reflects information from the case record and any questions or concerns are addressed.
3. Discuss any areas of disagreement or concern with the review team for response or further follow-up.
4. Bring any unresolved issues to the attention of the RSL.
5. Notify the RSL upon completion of the second level QA process.

The reviewer team will solely be responsible for imputing ratings and summaries into the OSRI. The QA worker will communicate any questions regarding the instrument via the OMS, email, phone or in person. The QA worker will not enter a case to make adjustments.

Quality Assurance

To ensure consistency or ratings across all five regions and reviewers third party (someone who has not reviewed the cases) quality assurance (QA) will be conducted on all cases. QA will ensure that the case review was conducted according to procedures and that the review tool adequately reflects the case record and information gathered. The First Level QA staff will review the case record by reading notes and other available information to gain knowledge of the case under review. The QA staff will utilize the OSRI to note the elements of the instrument and note any comments or potential points of discussion with the review team. The QA worker will communicate any questions regarding the instrument via the OMS, email, phone or in person. The QA worker will not enter a case to make adjustments. The reviewer team will solely be responsible for imputing ratings and summaries into the OSRI.

As the review is occurring, the QA staff will:

- Discuss the case with the review team, noting information from the QA Team's own case review.
- Determine whether the review tool accurately reflects information from the case record and any questions or concerns are addressed.
- Discuss any areas of disagreement or concern with the review team for response or further follow-up.
- Bring any unresolved issues to the attention of the RSL.
- Notify the RSL upon completion of the QA process.

Safety Concerns

Safety concerns include but are not limited to allegations of maltreatment, critical incidents in Foster Care, and threats of harm to self or others, or any other circumstances which present an immediate threat to a child or children's safety. If any identified safety concerns regarding the child or children involved in the case arise, the reviewer will report the concerns to the Regional Site Leader (RSL). The RSL will consult with the local agency and review OASIS to determine whether the case is currently active. If the RSL determines that the safety concern involves new information to the case or a new incident, the Reviewer or person with the most direct knowledge of the concern will be asked to make an immediate report to the state CPS hotline. The VDSS CPS guidance related to the disposition of hotline calls then applies. The RSL will work with the local agency to determine the steps taken to address the safety concern and communicate this to the reviewer before the close of business that day.
If the case has been closed and the concerns lead to a new investigation or assessment being opened, the local agency where the new case is assigned will notify the RSL of the needed steps to address safety. If a reviewer believes that a child is in immediate danger, the reviewer should immediately contact local law enforcement and Virginia CPS Hotline. Reviewers are not to remove children under any circumstances. Some examples of immediate danger could be a child who is left alone or found with untreated injuries. Once the emergency has been reported to the Hotline, Reviewers should then immediately follow up with a call to the RSL.

Conflict of Interest

A conflict of interest occurs when those serving in the capacity as RSL, Reviewers or first and second-level Quality Assurance staff were, at any time within two years of the date of the review, connected through a personal relationship or was involved through an agency in any of the following ways:

- Assigned as the worker or supervisor to the case;
- Had oversight of the assigned worker or supervisor to the case and participated in planning meetings and their involvement had a direct impact on the case management and direction, or;
- Is related to or knows any of the case participants.

There may be circumstances where there could be a potential conflict of interest for a period beyond two years of the period under review. This could include circumstances where there is a potential for a

real or perceived bias or a relationship that might have the appearance of a bias that could influence a rating. If any case participant feels like there could be a conflict of interest, then in those circumstances, the issue will be brought to the attention of the Regional Site Leader who along with the Statewide Leader will assess the nature and weight of the potential conflict, which will be considered on a case-by-case basis. Some examples could include reviewer participants who attended the same church as any of the case participants, or their children went to the same school as the child of one of the case participants or lived down the street from one of the case participants. Case participants are not limited to the family but could be a worker or supervisor. An assigned RSL, review team or first and second level QA staff that meets any of the above criteria cannot complete the case review or quality assurance review for the case or agency in question. Upon receiving a case assignment, each RSL, Reviewer and QA Staff should refer to the Case Contact Sheet to determine whether the reviewer has past experience with any child in the family, the parents, or other significant participants including the worker and supervisor, all of which could be seen as compromising the reviewer's objectivity. After reviewing the Case Contact Sheet and other documents, each Reviewer must read and sign the Conflict of Interest form. If the Statewide Leader assesses the conflict of interest and if they verify that a conflict is in fact present, the Statewide Leader will identify a replacement RSL, Reviewer or QA Staff only for the case where the conflict exists. Once the review has been initiated and a conflict of interest has subsequently been identified, the conflict will immediately be brought to the attention of the RSL. If it has been determined that a conflict of interest is present, that individual may not participate further in any part of the review where the conflict was determined' including being prohibited from participating in any discussion of the case or team debriefings that could affect the ratings of the case.

Case Specific Interviews

At least four weeks prior to the onsite review, information on the Case Sheet is used by the Regional Site Leader (RSL) and the local agency contact person to determine the required individuals for scheduling face-to-face or telephone interviews. These interviews of individuals are key informants and are required on every case to inform the ratings. This should include age and developmentally appropriate children, parents, caretakers/Foster Care provider, and Family Services Specialist (FSS) worker or supervisor. Interview protocol dictates that in person interviews are preferable. However, telephone interviews may occur if the interviewee is out of state, an interviewee would not be available for an in-person interview between 7am and 7pm Monday-Friday, participants are over 100 miles (roundtrip) away at the time of the review or it is determined that the interview would otherwise, not be able to occur unless conducted by phone. In addition, children will be interviewed alone. However, children in In-home cases or no longer in Foster Care may be interviewed in the presence of the parent at the request of the parent. However, every effort should be made to engage the parent to allow for private interviews. If interviews are to be conducted in the home, they should take place in separate rooms from other family members.

The following individuals related to a case will be interviewed unless they are unavailable or completely unwilling to participate:

In-Home Services Cases:

- All children in the home (if age and developmentally appropriate). There is discretion to conduct a group interview if separate interviews would be problematic for the family or to ensure interviews can be completed.

- The child's parent(s) – While it is preferred that both parents are interviewed, only an interview with the primary caretaker is required if attempts to interview the other parent are unsuccessful. In situations where both parents could not be engaged for interviews, it is required that there be a consultation and agreement with the Children's Bureau. Parents are required case interviews and not having a required case interview could lead to case elimination.
- The family's caseworker. When the caseworker has left the agency or is not available for an interview, the supervisor who was responsible for the caseworker assigned to the family should be interviewed.

Foster Care Cases:

- The child (if age and developmentally appropriate). Other children in the home may be interviewed if the reviewer believes there may be information helpful to completion of the review.
- The child's parent(s) – While it is preferred that both parents are interviewed, only an interview with the primary caretaker is required if attempts to interview the other parent are unsuccessful.
- The child's foster parent(s), pre-adoptive parent(s), or other caregiver(s), such as a relative caregiver or group home houseparent, if the child is in Foster Care.
- The family's caseworker. When the caseworker has left the agency or is not available for an interview, the supervisor who was responsible for the caseworker assigned to the family should be interviewed.
- If the child was placed in a private agency foster home and that agency was responsible for primary case management, the agency worker will also be interviewed. If the agency worker is no longer available for interview, the supervisor who was responsible for the caseworker assigned to the family or child should be interviewed.
- Interviews will include the GAL or CASA assigned to a Foster Care case.

The Reviewers may determine that interviews with additional key participants (not previously noted) are needed to complete the review. In some situations, it is acceptable not to interview one or more of the participants above. Acceptable exceptions to conduction interviews include:

- Only school-age children are interviewed, unless other arrangements are made. Cases involving pre-school-age children may be reviewed, but the Reviewers are not required to interview the child. Instead, the Reviewers are expected to observe the child in the home while interviewing the caregiver.
- The parents and or child cannot be located (example: youth on runaway) or are outside of the U.S.
- Any party who is unable to consent to an interview due to physical or mental health incapacity.
- Any party who refuses to participate in an interview and the agency can document attempts to engage them.
- Any party who is advised by an attorney not to participate due to a pending criminal or civil matter.
- There is a safety or risk concern in contacting any party for the interview. (Ex. A parent has previously made threats to the agency.)

The following are reasons for not interviewing a case participant are not acceptable:

- An age cut-off that does not take into account a child's development capacity, e.g. a policy of not interviewing children under age 12
- A party refused to participate in an interview and the agency did not attempt to engage them
- A party has a pending criminal, civil, or procedural matter before the agency, e.g. appealing a TPR
- The agency has not made attempts to locate a party for an interview
- Any party speaks a language other than English

The following efforts should be made to engage clients who are difficult to contact or who initially decline to participate in the review:

- Attempt contact at different times of day.
- Engage the current FSS to discuss the review with the parent or child.
- Offer a telephone interview.
- Consult with casework staff, Agency supervisors or others involved in the case (such as family support workers) to brainstorm creative ideas or to identify the person's possible resistance.
- The RSL works with the FSS and parent or legal guardian to secure a signed release authorizing service providers to release information to the RSL as needed.
- The review staff ensures that all service providers receive signed releases prior to participation in the on-site review.
- If the family (caregiver for In-home or child for out-of-home) refuses to participate in interviews after initially agreeing to do so, and all subsequent efforts to engage the family are unsuccessful, the process for approval of elimination as described in Section 1.6 above will be followed and a replacement case will be selected.
- For other participants who decline interviews or are unavailable, Reviewers should consider if the participant's perspective can be ascertained from other sources or independent documents.
- If the parent is unwilling to allow for a private interview with the child, the parent should be instructed to allow the child to respond to all questions and to not engage the child during the interview.

Continuous Quality Improvement

Continuous Quality Improvement (CQI) utilized within the Division of Family Services will continue to provide consultation and technical assistance to all units within the division at the state level to achieve overall practice improvement and will include the involvement of regional directors, consultants, and contractors in partnership with local departments of social services (LDSS). VDSS continues to follow the five key components of CQI as identified by the Children's Bureau, ACF, US DHHS, as well as numerous practitioners and scholars across child welfare nationally. These key components of CQI are:

- Foundational Administrative Structure
- Quality Data Collection
- Case Record Review Data and Process

- Analysis and Dissemination of Quality Data
- Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process.

Building on this foundation, additional CQI strategies have been identified to enhance the current CQI system and to create consistency throughout the state and LDSS. These strategies will be utilized during the PIP measurement and will be identified in the 2020-2024 CFSP to promote practice improvement and ultimately improve outcomes for children and families. (Please refer to Page 25 for Enhanced CQI strategies to support Virginia's PIP Implementation).

Child and Family Services Review {CFSR) Round 3

Virginia: Preliminary Program Improvement Plan {PIP) Measurement Plan Goal Worksheet

Case Review Items Requiring Measurement in the PIP

Retrospective Method Used to Establish PIP Baselines and Goals Using Case Reviews Conducted February 2018-July 2018

CFSR Items Requiring Measurement	Item Description	Z value for 80% Confidence Level'	Number applicable cases[2]	Number of cases rated a Strength	PIP Baseline[3]	Baseline Sampling Error[4]	PIP Goal[5]
Item 1	Timeliness of Initiating Investigations of Reports of Child Maltreatment	1.28	26	20	76.9%	0.105764658	87.5%
Item 2	Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	1.28	34	23	67.6%	0.102695604	77.9%
Item 3	Risk and Safety Assessment and Management	1.28	70	34	48.6%	0.076463402	56.2%
Item 4	Stability of Foster Care Placement	1.28	44	31	70.5%	0.088040698	79.3%
Item 5	Permanency Goal for Child	1.28	44	29	65.9%	0.091469348	75.1%
Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	1.28	44	17	38.6%	0.093958765	48.0%
Item 12	Needs and Services of Child, Parents, and Foster Parents	1.28	70	27	38.6%	0.074469600	46.0%
Item 13	Child and Family Involvement in Case Planning	1.28	68	24	35.3%	0.074178588	42.7%
Item 14	Caseworker Visits With Child	1.28	70	40	57.1%	0.075710050	64.7%
Item 15	Caseworker Visits With Parents	1.28	64	22	34.4%	0.075993421	42.0%

Explanatory Data Notes:

[1] Z-values: Represents the standard normal (Z) distribution of a data set and measures the number of standard errors to be added and subtracted in order to achieve our desired confidence level (the percentage of confidence we want in the results). In order to have 80% confidence in the results of the sample data, a Z-value of 1.28 is used to calculate the margin of error.

[2] Minimum Number of Applicable Cases: Identifies the minimum number of applicable cases used to establish the baseline. Measurement samples must be equal to or greater than the number of applicable cases used to establish the baseline for each item. A two percent (2%) tolerance is applied to the number of cases reviewed to measure goal achievement compared to the number of cases reviewed to establish the baseline.

[3] PIP Baseline: Percentage of applicable cases reviewed rated a strength for the specified CFSR item.

[4] Baseline Sampling Error: Represents the margin of error that arises in a data collection process as a result of using a sample rather than the entire universe of cases.

[5] PIP Goal: Calculated by adding the sampling error to the baseline percentage. Percentages computed from at least 12 months of practice findings are used to determine whether the state satisfied its improvement goal. To determine a PIP measurement goal using case review data is met, CB will also confirm CB has confidence in accuracy of results, significant changes were not made to the review schedule, the minimum number of required applicable cases for each item were reviewed, the ratio of metropolitan area cases to cases from the rest of the state was maintained, and the distribution and ratio of case types was maintained for the measurement period. A five percent (5%) tolerance is applied to the distribution of metropolitan area cases and case types between the baseline and subsequent measurement periods.

Appendix A

LDSS Implementation Participation Plan

In preparing for the Child and Family Services Review (CFSR) Program Improvement Plan (PIP) Virginia explored different approaches to implement interventions and maximize performance. During this exploration, Virginia identified multiple concerns regarding a statewide implementation plan. Some of the areas of concern were due to the size and geographies of the state. Virginia would not have the ability to provide the amount of assistance and support needed to implement successful interventions in all 120 local agencies. This narrow support and focus of identified interventions would limit the local agencies ability to fully engage in the PIP and show the required improvement.

Virginia utilized the following methodology to identify the 20 agencies in which the PIP implementation plan will direct its focus. Virginia's Office of Research and Planning created an assessment to determine the risk an agency has to be selected in the CFSR sample. The higher the score, the higher the likelihood that the agency may be chosen for a review. The tool consisted of four categories: census child population, total number of accepted referrals, number of children in foster care, and the percentage of children available for adoption (TPR already granted). The assessment included a ranking section as well as a performance section.

The total number of accepted referrals, number of children in foster care, and the percentage of children available for adoption (TPR already granted) were sorted separately from highest to lowest, and the highest-ranking 20 agencies were separated. Agencies that were identified in two or more of those groupings were identified and evaluated. Once this list was created, discussion around the region and size of the agency was identified as key to agency engagement and buy-in. To account for a more diverse selection, a pull of the highest ranking of number of foster children was made based on 10 level 3 agencies, 5 level 2 agencies, and 5 level 1 agencies. This allows the implementation to focus on large, medium and small agencies leading to a stronger next level implementation once the PIP is completed. Once these agencies were identified, the next step of the selection process was to ensure there was a regional representation based upon the number of cases selected in each region as well as past performance. To do so we removed two agencies from the Piedmont region and replaced with two Central region agencies of similar risk score to create a more level regional representation. The Western and Central Regions numbers were lower based on these regions as having a smaller sample size then the other regions. Of the 20 agencies selected, six of the agencies participated in our federal CFSR review and 15 agencies were included in the PIP Baseline samples.

Agency	Baseline	Federal	Agency	Baseline	Federal
Albemarle	x		Mathews	x	
Appomattox			Newport News	x	
Bedford County	x		Norfolk	x	x
Caroline	x		Pulaski	x	x
Essex	x		Richmond City	x	x
Fairfax	x	x	Roanoke City	x	
Galax	x		Spotsylvania	x	
Harrisonburg/Rockingham	x	x	Tazewell		x
Lynchburg	x		Virginia Beach	x	
Madison			Winchester		

The PIP Implementation plan of selecting limited core agencies focuses only on these agencies' participation in working towards the PIP strategies and activities and does not change Virginia's measurement plan. The state plans on reviewing 70 PIP identified cases during each six (6) month measurement period. These 70 cases (44 total foster care cases and 26 total In-home services cases) will be randomly selected throughout the five regions during the six (6) months of the PIP measurement period. To take into account Virginia's largest metropolitan locality, Fairfax will have at a minimum one foster care and one In-home services case. Virginia will rely on the distribution of the random sample, and will only make adjustments through case elimination as needed to ensure that Fairfax is represented.

Working only with the selected core agencies on the implementation of strategies will not affect the reviews or reporting process as we will continue to report progress to outcomes based on the statewide sampling and case reviews. While the majority of our strategies and activities will focus on the core agencies, we believe that Virginia's overall increased awareness and outreach towards engagement, workforce, and CQI will also lead to better outcomes in agencies not selected as a core agency.

Appendix B

Glossary of Terms

Agency Case Reviews
The Child Welfare Agency Case Review (ACR) is designed to use targeted observations to assist the local department in maintaining areas of practice noted as strengths and support growth in areas noted as needing improvement. Each local department of Social Services (LDSS) will be reviewed each calendar year.

Child and Family Services Review (CFSR)
The CFSR PIP onsite reviews are an important tool that will enable Virginia to accomplish the following: (1) ensure conformity with Federal child welfare requirements; (2) determine what is actually happening to children and families as they are engaged in child welfare services; and (3) assist the state to enhance our capacity to help children and families achieve positive outcomes. The state plans on reviewing 70 PIP identified cases each six-month measurement period. These 70 cases (44 total foster care cases and 26 total In-home services cases) will be randomly selected throughout the five regions during the six months of the PIP measurement period. Virginia plans on continuing to use the OSRI and its instructions to collect information on all necessary items. The PIP cases selected will review all 18 items from the federal CFSR instrument, utilizing the federal Online Monitoring System (OMS).

Child and Family Team Meetings
A meeting of the youth, family, extended family and all service providers that is a mechanism by which regular reviews of services and progress is shared among all the individuals involved in the case and where the family's needs and preferences routinely inform decision making.

Child Protective Services Advisory Committee (CPSAC)
The primary purpose of the Child Protective Services (CPS) Advisory Committee is to advise the CPS Program, a unit within the Division of Family Services (DFS) at Virginia Department of Social Services (DSS), on matters involving CPS laws, regulations, guidance, training and best practices for the improvement of the CPS delivery system in Virginia. The CPS Advisory Committee helps align guidance and practices that will promote a seamless continuum, improve coordination and consistency across all child welfare programs and collaborate with other DFS programs: Prevention, Foster Care, Adoption and Foster & Adoptive Family Recruitment. The CPS Advisory Committee helps provide consistency and unity across the different committees and workgroups that advise DSS in accomplishing the goal of keeping children safe.

Child Welfare Advisory Committee (CWAC)
Child Welfare Advisory Committee is the primary organization to advise the Director of the Division of Family Services on child welfare issues. It helps ensure that all child welfare activities are child-centered, family- focused and community-based. Child welfare programs include Adoption, Child Protective Services, Family Preservation, Foster Care, and Interstate Compact on the Placement of Children (ICPC). This group is the main stakeholder group for the Child and Family Services Review. Main objectives include advising on child welfare programs, policies, training, and practice issues; advising on the development of the five-year Child and Family Services Plan and annual progress reports (ASPR) (as well as other state plans under the responsibility of Family Services), guiding development and implementation of Virginia's Program Improvement Plan for any element where Virginia does not meet requirements of the Child and Family Services Review.

Consortium for Resource, Adoptive and Foster Family Training (CRAFFT)
CRAFFT Consultants are available to LDSS to provide assistance regarding training for foster families. CRAFFT promotes the safety, permanency, and well-being of children by helping shape stronger foster, adoptive, respite, and kinship families who serve local Departments of Social Services (LDSS) to meet the needs of children and youth in Virginia's child welfare system. CRAFFT services and support are available to the five regions of Virginia. Pre-service and in-service training is available for current and prospective families as well as LDSS staff.

Continuous Quality Improvement (CQI)
Virginia employs the five key components of CQI as identified by the Children's Bureau, ACF, DHHS, as well as numerous practitioners and scholars across child welfare nationally. These key components of CQI are:

- Foundational Administrative Structure;
- Quality Data Collection;
- Case Record Review Data and Process;
- Analysis and Dissemination of Quality Data; and,
- Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process

CQI Sub-Committee- CWAC
The CWAC CQI Subcommittee employs the five key components of CQI as identified by the Children's Bureau, ACF, DHHS, as well as numerous practitioners and scholars across child welfare nationally. When assisting Virginia in measurement reporting and data collection, the committee continues to ensure the fidelity of data and its use in changing practice. The key components listed with CQI above are used throughout the year during several reporting periods.

Family Assessment
The collection of information necessary to determine:

- The immediate safety needs of the child;
- The protective and rehabilitative services needs of the child and family that will deter abuse or neglect;
- Risk of future harm to the child; and,
- Alternative plans for the child's safety if protective and rehabilitative services are indicated and the family is unable or unwilling to participate in services. These arrangements may be made in consultation with the caretaker(s) of the child.

Family Partnership Meetings (FPM)
A team approach for partnering with family members and other partners in decision making throughout the family's involvement with the child welfare system. The meeting is facilitated by a trained individual who is not the service worker for the child or family. The team builds upon the strengths of the child, family, and community to ensure safety, a permanent family, and lifelong connections for the child
Investigation. The collection of information necessary to determine:

- The immediate safety needs of the child;
- The protective and rehabilitative services needs of the child and family that will deter abuse or neglect;
- Risk of future harm to the child;
- Alternative plans for the child's safety if protective and rehabilitative services are indicated and the family is unable or unwilling to participate in services;

- Whether or not abuse or neglect has occurred;
- If abuse or neglect has occurred, who abused or neglected the child; and,
- A finding of either founded or unfounded based on the facts collected during the investigation.

Local Board
The local board of social services representing one or more counties or cities.

Local Department (LDSS)
The local department of social services of any county or city in this Commonwealth.

Child Welfare Case Reviews
The Child Welfare Care Reviews (CWCR) involve selected CPS family assessments and/or investigations, CPS ongoing and foster care cases. The reviews occur within approximately 90-120 days of families/children becoming involved with LDSS, which allow for timely feedback on current practices. The Child Welfare Case Reviews occur every three months to include the funding determination of all foster care cases as title IV-E or CSA.

OASIS
The Online Automated Services Information System, used to record all child welfare services data for children in foster care.

Permanency Advisory Committee (PAC)
The purpose of the Permanency Advisory Committee (PAC) is to advise the permanency programs in the Division of Family Services (DFS) in the Virginia Department of Social Services on improving permanency and well-being for children and families across the Commonwealth. PAC strives to achieve a more comprehensive and effective service delivery system for children and families that is family-focused and culturally relevant. It helps align policies, guidance and practice to promote a seamless continuum, improve coordination and integration, and provide consistency across child welfare programs, collaborating with Prevention, Child Protective Services and Resource Families when needed.

Permanency Sub-Committee-CWAC
The primary purpose of the Permanency Sub-Committee of (CWAC) is to utilize a cross-section of stakeholders who directly work with permanency to discuss and develop recommendations to improve service delivery related to permanency in the areas of family recruitment, foster care, adoption and post adoption.

Practice Profiles
Practice Profiles describe the core activities associated with Practice Model and values, making them "teachable, learnable and doable." Developed by LDSS through a learning collaborative process, the Practice Profiles consist of 11 core skill sets: Advocating, Assessing, Collaborating, Communicating, Demonstrating Cultural and Diversity Competence, Documenting, Engaging, Evaluating, Implementing, Partnering, and Planning. The Practice Profiles define best practice from first contact until permanency is achieved for the child or youth. Casey Family Programs, a long-time partner with VDSS, supported the development of the Practice Profiles and is currently funding a groundbreaking study to assess their impact, which will conclude in 2018 in partnership with the Rutgers University School of Social Work and 18 LDSS that volunteered to participate in the study. Virginia is one of the first child welfare systems to take this innovative approach and is a national leader in practice model development. The results of the study will inform improvements to achieve the best possible outcomes for children and families by improving worker and supervisor skills.

Quality Assurance
To ensure consistency or ratings across all five regions and reviewers third party (someone who has not reviewed the cases) quality assurance (QA) will be conducted on all cases. QA will ensure that the case review was conducted according to procedures and that the review tool adequately reflects the case record and information gathered.

SafeMeasures
SafeMeasures is a state-of-the-art reporting service that helps human services agencies improve client outcomes by transforming case management data into actionable information. Over the past 14 years, the SafeMeasures team has helped numerous child welfare and juvenile justice agencies improve performance with key performance indicators (KPI), process and outcome measures, data quality reports, and task lists/to-do reminders.

Structured Decision Making
The National Council on Crime and Delinquency's (NCCD) Structured Decision Making (SDM) model*, adopted by Virginia and implemented statewide in 2011, is defined as a suite of assessment instruments that promotes safety and well-being for those children most at risk. The SDM model combines research with best practices, providing local workers with a framework for consistent decision making, and offering agencies a way to target in-demand resources toward those who can benefit most.

*(Modified from definition provided on the NCCD website:
http://www.nccdglobal.org/assessment/structured-decision-making-sdm-model.)

[i] In 2017, VDSS, Rutgers University School of Social Work, and Casey Family Programs partnered to study how the practice model is implemented across the state to generate "lessons learned" regrading implementation drivers. An important recommendation was that VDSS explore the feasibility of the expansion of the number of practice profiles in implementation across the state *or* invest in building a foundation through a deeper dive into a single profile such as Engagement.
[ii] See reference to University of Denver Butler Institute for Families study and report in under *Goal 4: Workforce*.