



# COMMONWEALTH of VIRGINIA

## DEPARTMENT OF SOCIAL SERVICES

### *Office of the Commissioner*

Anthony Conyers, Jr.  
COMMISSIONER

December 29, 2006

**TO:** The Honorable Timothy M. Kaine  
Governor of Virginia

The Honorable Vincent F. Callahan, Chairman  
House Appropriations Committee

The Honorable John H. Chichester, Chairman  
Senate Finance Committee

**FROM:** Anthony Conyers, Jr. *Anthony Conyers Jr.*

**SUBJECT:** Annual Report on Program Improvement Plan

The report contained herein is submitted pursuant to Item 338 M of the 2006 Appropriation Act. The item directs the Commissioner of the Department of Social Services, in consultation with the Virginia League of Social Services Executives and local departments of social services, to develop a plan to implement and finance federally required foster care services improvements in localities through the Child and Family Services Review's Program Improvement Plan.

The Child and Family Services Review provides an opportunity for the federal government and the state to work as a team in assessing Virginia's capacity to promote positive outcomes for children and families involved in the child welfare system. The review identified areas in Virginia's child welfare system that needed improvement. These items have been addressed in the Program Improvement Plan that was developed with the assistance of representatives of local departments of social services. The Department of Social Services also worked with representatives of local departments to determine the cost of implementing the Program Improvement Plan. Information regarding the status of the Program Improvement Plan is contained in the attached report.

AC:kc  
Attachment

**Report on the Implementation and Financing  
of the  
Child and Family Services Review's  
Program Improvement Plan**

**Submitted by:**

**Virginia Department of Social Services  
December 29, 2006**

**Report on the  
Implementation and Financing of the  
Child and Family Services Review's Program Improvement Plan**

**PREFACE**

The 2006 Appropriation Act (Item 338 M) requires the Commissioner of the Department of Social Services to consult with the Virginia League of Social Services Executives and local departments of social services to develop a plan to implement and finance federally required foster care service improvements through a Child and Family Services Review's Program Improvement Plan. Previous reports were presented to the Governor and the Chair of the House Appropriations and Senate Finance Committees on December 30, 2004 and December 30, 2005. Included in this status report is a description of the activities related to the Program Improvement Plan that have been completed since the last report.

**Report on the  
Implementation and Financing of the  
Child and Family Services Review's Program Improvement Plan**

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# **Report on the Implementation and Financing of the Child and Family Services Review's Program Improvement Plan**

## **EXECUTIVE SUMMARY**

The Child and Family Services Review, authorized by 1994 amendments to the Social Security Act, provides a unique opportunity for the federal government and state child welfare agencies to work as a team in assessing the state's capacity to promote positive outcomes for children and families involved in the child welfare system. The review covers child protective services, foster care, adoption, family preservation and support, and independent living.

The review examines seven outcomes related to child safety, permanency, and well-being. In addition, there are seven systemic factors that determine the extent that states are functioning at a level that promotes achievement of the outcomes for children and families. Although Virginia met some of the federal standards, the report identified ten outcomes and systemic factors that must be addressed. Based on the Child and Family Services Review, the Virginia Department of Social Services (VDSS) developed a system-wide Program Improvement Plan (PIP) to address areas that were found to need improvement. The PIP addresses each outcome and systemic factor in these areas and includes action strategies to improve them.

The VDSS staff members, with input from the Child Welfare Advisory Committee (previously known as the Statewide Stakeholders Committee) and staff of local departments of social services, developed the PIP. The VDSS was committed to having a system-wide PIP that represented the viewpoints and priorities of VDSS and local service providers. The first version of the PIP was submitted to the Administration for Children and Families (ACF) on July 21, 2004. Comments from federal representatives were received and a revised PIP was submitted on November 17, 2004. ACF approved the PIP effective February 1, 2005.

The VDSS was aware that additional resources at the local level would be needed to implement the provisions of the PIP. To determine the cost of implementing the PIP, a committee made up of representatives of the League of Social Services Executives' Administrative Committee and Child and Family Committee, and VDSS was established in July 2004. Each strategy in the PIP was reviewed to determine if additional staff or money would be needed to implement the strategy. VDSS submitted a budget proposal requesting new general fund dollars to help cover the cost of implementing the PIP. Effective July 1, 2005, VDSS was appropriated \$3,604,908 from the general fund and \$1,046,341 from nongeneral funds to enhance the provision of child welfare services pursuant to the PIP.

A group of representatives from the League of Social Services Executives and VDSS met to establish the funding formula for allocating the appropriated funds. The group decided that the appropriated funds would be allocated to local departments of social service to either provide direct services or purchase services for children and families involved with the child welfare system. A local department's allocation would be determined by the local department's percentage of the statewide ongoing Child Protective Services and Foster Care caseload. The least amount any local department would receive was \$5,000. The local departments were

required to provide a 20 percent match. Prior to receiving the funds, a local department had to submit a plan indicating how they would improve their baseline in one of the six outcomes that have been established by the federal government. Each local department was asked to establish improvement targets for December 2005 and December 2006. If the December 2005 target was met, the local department received the same PIP allocation in state fiscal year (SFY) 2006 that it received in SFY 2005. All local departments met their December 2005 targets and received their PIP allocations for SFY 2006. If the December 2006 target is met, the PIP allocation will become part of the local department's base allocation. As of November 15, 2006, all but one local department met their December 2006 targets. It is anticipated that this local department will meet its target by December 31, 2006.

The VDSS made a commitment to local departments of social services directors that a revised PIP would be submitted to ACF if all of the funds needed to implement the original PIP were not appropriated. On May 19, 2005, a revised PIP was submitted. In this PIP, modifications were made to the six items that would require additional funds to implement. On October 20, 2005, the revised PIP was approved by ACF.

The VDSS is required to submit quarterly reports to ACF on the progress that has been made to implement the strategies in the PIP. In March 2006, after Virginia had been implementing the PIP for a year, representatives from ACF met with VDSS staff members to determine the status of the goals and benchmarks that had been established. As a result of this meeting, some changes were made to the PIP and a revised version was submitted to ACF on April 6, 2006. ACF approved the revised PIP on May 25, 2006.

It appears that Virginia will be able to implement all of the benchmarks that are in the revised PIP. Several of the goals have already been met and it appears that there is only one goal that VDSS might not be able to meet. The goal that might not be met is: *"Increase the percentage of children who reunify with their family within 12 months of entering foster care from 70.7 percent to 73.12 percent by January 2007."* In order to ensure the safety of the child, judges often require a trial home visit of up to six months prior to returning legal custody to the family. Currently the goal is not considered achieved until legal custody has been returned to the family. Several other states are having a similar problem in meeting this goal. In the reviews that are starting in federal fiscal year 2007, this goal will be considered achieved once a child is home on a trial visit for one month, even though legal custody has not been returned to the family. Virginia will have until March 30, 2008, to meet the goal. If Virginia is able to successfully implement all of the benchmarks and goals except for this one, the Commonwealth will have to pay back only the portion of the fiscal penalty related to the goal.

The Child and Family Services Review provides an opportunity for states to examine their outcomes and systems and to identify needed improvements. The VDSS considers the program improvement phase of the review as the cornerstone of our continual progress toward quality services and positive outcomes for children and families. Working with our local partners, VDSS has developed a system-wide PIP that should improve the services that are offered to the children and families involved in the child welfare system.

# **Report on the Implementation and Financing of the Child and Family Services Review's Program Improvement Plan**

## **Study Mandate**

The 2006 Appropriation Act, Item 338 M states:

- 1. The Commissioner of Social Services, in consultation with the Virginia League of Social Services Executives and local departments of social services, shall develop a plan to implement and finance federally required foster care services improvements in localities through a Child and Family Services Review Performance Improvement Plan.*
- 2. The initial plan and subsequent status reports on its implementation shall be reported to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees by January 1 of each year.*

(See Appendix I for the budget language)

## **Background**

The Child and Family Services Review, authorized by 1994 amendments to the Social Security Act and administered by the Children's Bureau, Administration for Children and Families (ACF), United States Department of Health and Human Services, provides a unique opportunity for the federal government and state child welfare agencies to work as a team in assessing the state's capacity to promote positive outcomes for children and families involved in the child welfare system. The review covers child protective services, foster care, adoption, family preservation and support, and independent living.

The review is designed to help states improve child welfare services and the outcomes for families and children who receive child welfare services by identifying strengths and needs within state programs, as well as areas where technical assistance can lead to program improvements. Other purposes of the review include:

- assisting states to become self-evaluating over time;
- assembling data that will inform national policy;
- linking the reviews to joint planning, technical assistance, and program improvement processes that exist between states and regional federal offices; and
- ensuring that federal funds are spent in accordance with federal statute, regulation, and policy.

Each state is measured on seven outcomes and seven systemic factors. The outcomes included in the review fall into three domains - safety, permanency, and well-being. Within each domain, specific outcomes are assessed through the onsite review and statewide assessment. The outcomes that are assessed are:

- Safety
  - Children are, first and foremost, protected from abuse and neglect.
  - Children are safely maintained in their homes whenever possible and appropriate.
  
- Permanency
  - Children have permanency and stability in their living situations.
  - The continuity of family relationships and connections is preserved for children.
  
- Child and Family Well-being
  - Families have enhanced capacity to provide for their children's needs.
  - Children receive appropriate services to meet their educational needs.
  - Children receive adequate services to meet their physical and mental health needs.

The review also examines seven systemic factors that affect the quality of services delivered to children and families and the outcomes they experience. The systemic factors are:

- Statewide Information System
- Case Review System
- Quality Assurance System
- Staff Training
- Service Array
- Agency Responsiveness to Community
- Foster and Adoptive Parent Licensing, Recruitment, and Retention

The review is comprised of three phases: statewide assessment, onsite review and development and implementation of a program improvement plan.

## **Results of Virginia's Child and Family Services Review**

Virginia's first Child and Family Services Review took place in July 2003. The VDSS received the federal report on the results of the review in April 2004. The final report is available online at: <http://www.dss.state.va.us/family/cfsr.html>. The final report is a compilation of the VDSS' strengths and needs for each of the outcomes and systemic factors reviewed. The primary purpose of the final report is to document the determination of substantial conformity or nonconformity in each area reviewed. Virginia used the information in the final report to develop a Program Improvement Plan (PIP) for areas determined not in substantial conformity.

The table below lists the outcomes, items, and systemic factors that were examined during the review. It also indicates whether the outcome, item, or systemic factor is addressed in the PIP.



Outcome and Item	Addressed in PIP	
	Yes	No
<b>Safety Outcome 1:</b> Children are first and foremost protected from abuse and neglect	X	
Item 1: Timeliness of initiating investigations of reports of child maltreatment.	X	
Item 2: Repeat maltreatment.		X
<b>Safety Outcome 2:</b> Children are safely maintained in their homes whenever possible and appropriate	X	
Item 3: Services to family to protect child(ren) in home and prevent removal.		X
Item 4: Risk of harm to child.	X	
<b>Permanency Outcome 1:</b> Children have permanency and stability in their living situations	X	
Item 5: Foster care re-entries.		X
Item 6: Stability of foster care placement.	X	
Item 7: Permanency goal for child.	X	
Item 8: Reunification, Guardianship, or Permanent Placement with Relatives.	X	
Item 9: Adoption.	X	
Item 10: Permanency goal of other planned permanent living arrangement.		X
<b>Permanency Outcome 2:</b> The continuity of family relationships and connections is preserved for children.	X	
Item 11: Proximity of foster care placement.		X
Item 12: Placement with siblings.		X
Item 13: Visiting with parents and siblings in foster care.	X	
Item 14: Preserving connections.	X	
Item 15: Relative placement.	X	
Item 16: Relationship of child in care with parents.	X	
<b>Well-Being Outcome 1:</b> Families have enhanced capacity to provide for their children's needs.	X	
Item 17: Needs of services of child, parents, and foster parents.	X	
Item 18: Child and family involvement in case planning.	X	
Item 19: Worker visits with child.	X	
Item 20: Worker visits with parent.	X	
<b>Well-Being Outcome 2:</b> Children receive appropriate services to meet their educational needs.		X
Item 21: Educational needs of the child.		X
<b>Well-Being Outcome 3:</b> Children receive adequate services to meet their physical and mental health needs.	X	
Item 22: Physical health of the child.		X
Item 23: Mental health of the child.	X	

Systemic Factor	Addressed In PIP	
	Yes	No
Statewide Information System		X
Case Review System	X	
Quality Assurance System		X
Staff and Provider Training	X	
Service Array	X	
Agency Responsiveness to the Community		X
Foster and Adoptive Home Licensing/Approval/Recruitment	X	

## Program Improvement Plan

Each state must develop a Program Improvement Plan when:

- The review indicates that the achievement level of any one of the seven outcomes falls below the threshold for substantial conformity; and/or
- The review indicates that the state falls below the threshold for substantial conformity on any one of the systemic factors subject to review.

The timeframe for completing the strategies for improvement identified in the PIP can not exceed two years. The state must provide quarterly written progress reports to the federal government on the progress that is being made in achieving the strategies. The quarterly progress reports must include sufficient detail to describe progress, or penalties will be incurred.

Generally, penalties are suspended while the state is implementing the approved PIP. However, if the ACF determines that the state has failed to meet critical benchmarks toward achieving substantial conformity on specific outcomes or systemic factors within the timeframes of the approved plan, the ACF will cease suspension of the penalties and begin immediate withholding of funds related to the outcome or systemic factor to which the penalty applies.

While Virginia met the federal standards on several measures, the final report identified areas in which improvements are needed in order for the Commonwealth to have a positive impact on services to children and families involved with the child welfare system. Therefore, a PIP was developed to address the areas that need improvement.

VDSS staff members, with input from the Child Welfare Advisory Committee (previously known as the Statewide Stakeholders Committee) and staff of local departments of social services, developed the PIP. VDSS was committed to having a system-wide PIP that represented the viewpoints and priorities of VDSS and local service providers.

A draft PIP was submitted to ACF on July 21, 2004. Comments were received from our federal partners and a meeting was held on October 18, 2004, for state and federal representatives to

review the comments. The final PIP was submitted to ACF on November 17, 2004. ACF approved the PIP effective February 1, 2005.

## **Funding for the Program Improvement Plan**

VDSS was aware that additional resources at the local level were needed to implement the provisions of the PIP. To determine the cost of implementing the PIP, a committee made up of representatives of the League of Social Services Executives' Administrative Committee and Child and Family Committee, and VDSS was established in July 2004.

Each strategy in the PIP was reviewed to determine if additional staff or money would be needed to implement the strategy. The group determined that six strategies would require additional funding to implement. Several sources of information were utilized to develop the projected cost of implementing these strategies. First, the committee used the Hornby, Zeller, and Associates Incorporated (HZA) workload study conducted in 2000 to determine the additional resources that would be needed. If the data were not available from HZA, local departments of social services were surveyed to obtain the data. Reports from the On-line Automated Services Information System were used to identify the current caseloads.

In October 2004, VDSS submitted a budget proposal requesting new general fund dollars to help cover the cost of implementing the PIP. Effective July 1, 2005, VDSS was appropriated \$3,604,908 from the general fund and \$1,046,341 from nongeneral funds to enhance the provision of child welfare services pursuant to the PIP.

A group of representatives from the League of Social Services Executives and VDSS met to establish the funding formula for allocating the appropriated funds. The group decided that the appropriated funds would be allocated to local departments of social service to either provide direct services or purchase services for children and families involved with the child welfare system. A local department's allocation would be determined by the local department's percentage of the statewide ongoing Child Protective Services and Foster Care caseload. The least amount any local department would receive was \$5,000. The local departments were required to provide a 20 percent match. Prior to receiving the funds, a local department had to submit a plan indicating how they would improve their baseline in one of the six outcomes that have been established by the federal government. The six outcomes are:

- Outcome 1:** Decrease the percentage of children who are the victims of another substantiated or indicated report of maltreatment within a 6-month period
- Outcome 2:** Decrease the percentage of foster children who experience maltreatment from foster parents or facility staff members
- Outcome 3:** Decrease the percentage of children re-entering foster care within 12 months of leaving foster care
- Outcome 4:** Increase the percentage of children who reunify with their prior custodian within 12 months of entering foster care

**Outcome 5:** Increase the percentage of children who are adopted within 24 months of entering foster care

**Outcome 6:** Increase the percentage of children who have two or fewer foster care placements in the first year of their latest removal from their home

Appendix II contains a chart indicating which of the outcomes each local department chose to address. Each local department was asked to establish improvement targets for December 2005 and December 2006. If the December 2005 target was met, the local department received the same PIP allocation for state fiscal year (SFY) 2006 that it received in SFY 2005. All local departments met their December 2005 targets and received their PIP allocation for SFY 2006. If the December 2006 target is met, the PIP allocation will become part of the local department's base allocation. As of November 15, 2006, all but one local department of social services met their December 2006 targets. It is anticipated that this local department will meet its target by December 31, 2006.

VDSS made a commitment to the directors of the local departments of social services that a revised PIP would be submitted to ACF if all of the funds needed to implement the original PIP were not appropriated. On May 19, 2005, a revised PIP was submitted. In this PIP modifications were made to the six items that would require additional funds to implement. On October 20, 2005, the revised PIP was approved.

VDSS was not allowed by the federal government to make major modifications to the item relating to the frequency of visits between the social workers and children in foster care and between the social workers and parents of foster children with the goal of reunification. Currently, quarterly visits are required between workers and clients, and with the existing staffing levels in the local departments, this is the maximum number of visits that can be made. Virginia is one of the few states in the nation that does not require monthly visits between workers and clients. Increasing the visitation requirement to monthly will require additional workers at the local level.

## **Revised Program Improvement Plan**

VDSS is required to submit quarterly reports to ACF on the progress that has been made to implement the strategies found in the PIP. In March 2006, after Virginia had been implementing the PIP for a year, representatives from ACF met with VDSS staff members to determine the status of the goals and benchmarks that had been established. While Virginia had implemented most of the benchmarks that were due, there were a few that could not be implemented because of technical problems. ACF representatives worked with VDSS to make modifications to the benchmarks that had not been implemented. As a result of this meeting, changes were made to the PIP and a revised version was submitted to ACF on April 6, 2006. ACF approved the revised PIP on May 25, 2006. (Appendix III contains a copy of the revised PIP).

It appears that Virginia will be able to implement all of the benchmarks that are in the revised PIP. Several of the goals have already been met and it appears that there is only one goal that

VDSS might not be able to meet. The goal that might not be met is: *“Increase the percentage of children who reunify with their family within 12 months of entering foster care from 70.7 percent to 73.12 percent by January 2007.”* In order to ensure the safety of the child, judges often require a trial home visit of up to six months prior to returning legal custody to the family. Currently the goal is not considered achieved until legal custody has been returned to the family. Several other states are having a similar problem in meeting this goal. In the reviews that are starting in federal fiscal year 2007, this goal will be considered achieved once a child is home on a trial visit for one month, even though legal custody has not been returned to the family. Virginia will have until March 30, 2008, to meet this goal. If Virginia is able to successfully implement all of the benchmarks and goals except for this one, the Commonwealth will have to pay back only the portion of the fiscal penalty related to that goal. It is anticipated that the fiscal penalty for this goal would be approximately \$660,000. In addition, Virginia would have to pay back a yearly penalty of approximately \$164,000 for each year that the state remains out of compliance with the goal. The yearly penalty would start for federal fiscal year 2007 and continue until the goal is met.

In the revised PIP located in Appendix III, benchmarks and goals that have been implemented as of July 31, 2006, are in italics. The benchmarks and goals that have been reported but that ACF is still monitoring are in bold. Benchmarks and goals that are due between August 1, 2006, and January 31, 2007, have yet to be reported to ACF.

## **Conclusion**

The Child and Family Services Review provides an opportunity for states to examine their outcomes and systems, and to identify needed improvements. VDSS considers the program improvement phase of the review as the cornerstone of our continual progress toward quality services and positive outcomes for children and families. Working with our local partners, VDSS has developed a system-wide PIP that should improve the services that are offered to the children and families involved in the child welfare system.

## **Appendix I**

## **2006 Appropriation Act**

### Item 338 M

“1. The Commissioner of Social Services, in consultation with the Virginia League of Social Services Executives and local departments of social services, shall develop a plan to implement and finance federally required foster care services improvement in localities through a Child and Family Services Review Program Improvement Plan.

2. The initial plan and subsequent status report on its implementation shall be reported to the Governor and the Chair of the House Appropriations and Senate Finance Committees by January 1 of each year.”

## **Appendix II**



## ***Outcome Selected for Improvement by Local Departments***

<b>Locality</b>	<b>Recurrence Maltreatment</b>	<b>Maltreatment/ Foster Care</b>	<b>Reunification</b>	<b>Adoption</b>	<b>Number of Placements</b>	<b>Re-entry Foster Care</b>
Accomack			X			
Albemarle			X			
Alexandria			X			
Alleghany/Covington						X
Amelia			X			
Amherst	X					
Appomattox			X			
Arlington				X		
Augusta/Staunton/ Waynesboro						X
Bath			X			
Bedford County/City	X					
Bland					X	
Botetourt			X			
Bristol			X			
Brunswick			X			
Buchanan					X	
Buckingham				X		
Buena Vista/ Lexington/Rockbridge			X			
Campbell						X
Caroline					X	
Carroll				X		
Charles City			X			
Charlotte			X			
Charlottesville			X			
Chesapeake				X		
Chesterfield/Colonial Heights			X			
Clarke	X					
Craig			X			
Culpeper			X			
Cumberland						X
Danville					X	
Dickenson		X				
Dinwiddie			X			
Emporia/Greensville	X					
Essex						X
Fairfax City/County/ Falls Church			X			
Fauquier			X			
Floyd					X	
Fluvanna			X			
Franklin City			X			
Franklin County				X		

Locality	Recurrence Maltreatment	Maltreatment Foster Care	Reunification	Adoption	Number of Placements	Re-entry Foster Care
Frederick			X			
Fredericksburg			X			
Galax					X	
Giles	X					
Gloucester			X			
Goochland			X			
Grayson			X			
Greene					X	
Halifax			X			
Hampton			X			
Hanover			X			
Harrisonburg/ Rockingham				X		
Henrico	X					
Henry/Martinsville						X
Highland	X					
Hopewell					X	
Isle of Wight	X					
James City					X	
King and Queen	X					
King George				X		
King William						X
Lancaster				X		
Lee			X			
Loudon				X		
Louisa			X			
Lunenburg				X		
Lynchburg	X					
Madison					X	
Manassas				X		
Manassas Park	X					
Mathews			X			
Mecklenburg				X		
Middlesex			X			
Montgomery			X			
Nelson	X					
New Kent		X				
Newport News			X			
Norfolk			X			
Northampton					X	
Northumberland		X				
Norton		X				
Nottoway		X				
Orange			X			
Page	X					
Patrick			X			
Petersburg				X		
Pittsylvania					X	
Poquoson/York	X					
Portsmouth						X

Locality	Recurrence Maltreatment	Maltreatment Foster Care	Reunification	Adoption	Number of Placements	Re-entry Foster Care
Powhatan					X	
Prince Edward					X	
Prince George						X
Prince William				X		
Pulaski			X			
Radford					X	
Rappahannock			X			
Richmond City			X			
Richmond County		X				
Roanoke City			X			
Russell			X			
Salem/Roanoke County			X			
Scott			X			
Shenandoah					X	
Smyth	X					
Southampton					X	
Spotsylvania			X			
Stafford		X				
Suffolk			X			
Surry			X			
Sussex	X					
Tazewell			X			
Virginia Beach		X				
Warren						X
Washington						X
Westmoreland			X			
Williamsburg			X			
Winchester					X	
Wise						X
Wythe			X			
Statewide Totals	16	8	52	14	18	12

## **Appendix III**

**VIRGINIA DEPARTMENT OF  
SOCIAL SERVICES**

**Child and Family Services Review  
Program Improvement Plan**

November 30, 2006

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**PROGRAM IMPROVEMENT PLAN CONTACT INFORMATION**

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Administration for Children and Families  
U.S. Department of Health & Human Services  
Region III  
Philadelphia, PA  
215-861-4065

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Division of Family Services  
7 North 8<sup>th</sup> Street, 4<sup>th</sup> floor  
Richmond, Virginia 23219  
804-726-7000

Lead State Agency Contact Person for  
Child and Family Services Review and  
Program Improvement Plan: Lynette Isbell, Family Services  
Virginia Department of Social Services  
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## INTRODUCTION

The Child and Family Services Review (CFSR) is designed to (1) help states improve child welfare services including child protective services (CPS), foster care, adoption, family preservation, and independent living services and (2) show measurable outcomes for children and families. The CFSR assesses a state's performance with regard to seven child welfare outcomes pertaining to children's safety, permanency, and well being, and seven systemic factors relevant to the state's ability to achieve positive outcomes for children who come into contact with the child welfare system.

In July 2003, the Virginia CSFR was conducted with an additional case review for Item 5 (Foster Care Re-Entries) conducted in March 2004. Virginia received the final report in April 2004 (available on-line at: <http://www.dss.state.va.us/family/cfsr>.) The findings were derived from the following documents and data collection procedures:

- the Statewide Assessment, prepared by the Virginia Department of Social Services (VDSS) and available on-line at: <http://www.dss.state.va.us/family/cfsr>;
- the State Data Profile, prepared by the Children's Bureau of the U.S. Department of Health and Human Services, which provides Virginia's child welfare data for the years 1999 through 2001;
- a review of a total of 50 cases (both foster care and in-home services cases) in Fairfax, Norfolk, and Bedford;
- a review of a total of 115 foster care cases for Item 5 in Fairfax, Norfolk, and Bedford; and
- interviews or focus groups (conducted in Fairfax, Norfolk, and Bedford and at the state-level) with stakeholders including, but not limited to, children; parents; foster parents; all levels of child welfare agency personnel; collaborating agency personnel; service providers; court personnel; and attorneys.

While Virginia met the federal standards on several measures, the report identified areas in which improvements are needed in order for the Commonwealth to have a positive impact on services to children and families involved with the child welfare system. This Program Improvement Plan (PIP) has been developed to address the areas that need improvement.

### SUMMARY OF VIRGINIA'S REVIEW FINDINGS

A summary of the review findings and Virginia's 2003 data for the national performance indicators are provided in the following table. The table also indicates whether the outcome, item, indicator, or systemic factor needs to be addressed in the PIP.

Performance Indicator	2003 Data	Addressed in PIP	
		Yes	No
Repeat maltreatment (in 6 months)	2.1%		X
Maltreatment of children in foster care	.23%		X
Foster care re-entries (in 12 months)	5.3%		X
Length of time to achieve reunification (in less than 12 months)	72%	X	
Length of time to achieve adoption (in less than 24 months)	18.2%	X	
Stability of foster care placements	85.6%	X	



Outcome or Item	2003 CFSR Finding	Addressed in PIP	
		Yes	No
<b>Safety Outcome 1:</b> Children are first and foremost protected from abuse and neglect	85%	X	
Item 1: Timeliness of initiating investigations of reports of child maltreatment.	74%	X	
Item 2: Repeat maltreatment.	95%		X
<b>Safety Outcome 2:</b> Children are safely maintained in their homes whenever possible and appropriate	81%	X	
Item 3: Services to family to protect child(ren) in home and prevent removal.	88%		X
Item 4: Risk of harm to child.	81%	X	
<b>Permanency Outcome 1:</b> Children have permanency and stability in their living situations	37%	X	
Item 5: Foster care re-entries.	98%		X
Item 6: Stability of foster care placement.	63%	X	
Item 7: Permanency goal for child.	81%	X	
Item 8: Reunification, Guardianship, or Permanent Placement with Relatives.	67%	X	
Item 9: Adoption.	18%	X	
Item 10: Permanency goal of other planned permanent living arrangement.	88%		X
<b>Permanency Outcome 2:</b> The continuity of family relationships and connections is preserved for children.	70%	X	
Item 11: Proximity of foster care placement.	94%		X
Item 12: Placement with siblings.	86%		X
Item 13: Visiting with parents and siblings in foster care.	67%	X	
Item 14: Preserving connections.	77%	X	
Item 15: Relative placement.	74%	X	
Item 16: Relationship of child in care with parents.	67%	X	
<b>Well-Being Outcome 1:</b> Families have enhanced capacity to provide for their children's needs.	66%	X	
Item 17: Needs of services of child, parents, and foster parents.	74%	X	
Item 18: Child and family involvement in case planning.	69%	X	
Item 19: Worker visits with child.	76%	X	
Item 20: Worker visits with parent.	77%	X	
<b>Well-Being Outcome 2:</b> Children receive appropriate services to meet their educational needs.	92%		X
Item 21: Educational needs of the child.	92%		X
<b>Well-Being Outcome 3:</b> Children receive adequate services to meet their physical and mental health needs.	84%	X	
Item 22: Physical health of the child.	95%		X
Item 23: Mental health of the child.	81%	X	

Systemic Factor	2003 CFSR Rating	Addressed in PIP	
		Yes	No
Statewide Information System	Strength		X
Case Review System	ANI	X	
Quality Assurance System	Strength		X
Staff and Provider Training	ANI	X	
Service Array	ANI	X	
Agency Responsiveness to the Community	Strength		X
Foster and Adoptive Home Licensing/Approval/Recruitment	ANI	X	

*ANI = Area Needing Improvement*

## DEVELOPMENT OF VIRGINIA'S PROGRAM IMPROVEMENT PLAN

Virginia sought and received in-depth technical assistance from the National Resource Center for Organizational Improvement in order to plan and conduct statewide and local PIP training sessions. The training and informational sessions took place in August and September 2003. Each local department of social services (LDSS) was asked to participate and to bring a maximum of three participants.

LDSS attending the training sessions were asked to develop a local PIP addressing three areas needing improvement. The local PIPs were submitted to VDSS in November 2003. They were used in the development of the system-wide PIP.

The Child Welfare Advisory Committee began meeting in April 2002 in order to prepare for the CFSR and to provide guidance in the development of the PIP. The Committee included representatives from local departments of social services as well as representatives from partner agencies and external stakeholders.

Then Commissioner Maurice A. Jones was committed to having a system-wide PIP that represents the viewpoints and priorities of VDSS and local service providers. Therefore, he facilitated a video conference in June 2004 with directors, supervisors and child welfare workers to discuss the PIP and receive feedback from local partners. A draft of the PIP was placed on the local agency website and local staffs were encouraged to provide comments.

## SYSTEM-WIDE PRIORITIES

VDSS staffs, with input from the Child Welfare Advisory Committee and staff of LDSS, have identified priorities based upon the ability of these areas to have the greatest impact on the needed improvements. The priority areas that have been identified are:

- adoption;

- worker contact with child and parents;
- needs and service assessment/child and parent involvement in case planning;
- court/LDSS/other human service agencies collaboration;
- policies and practice update and a best practice paradigm shift; and,
- foster/adoptive parent recruitment and retention.

## STATEWIDE INITIATIVES TO ADDRESS AREAS NEEDING IMPROVEMENT

Several statewide initiatives address various CFSR areas needing improvement, and these initiatives appear throughout Virginia's PIP. A brief summary of initiatives underway to address program improvements related to child and family services follows.

### **Safety and Permanency: Structured Decision-Making (SDM)**

- SDM is a model consisting of a comprehensive set of assessments that guides each critical decision in the child welfare continuum, from screening the child protective services (CPS) report to returning the child home from foster care. The goals of SDM are to
  - reduce subsequent harm to children; and
  - reduce time to permanency.
- SDM will help workers and supervisors identify and structure critical decision points, increase consistency and accuracy in decision making, and target resources to families most at risk. An evaluation of the SDM pilots will be completed after December 2006. The results of the evaluation will determine if SDM is implemented statewide.

### **Permanency: Concurrent Planning**

- Concurrent Planning is a casework practice model that facilitates timely permanency planning for children in foster care. Virginia's model of concurrent planning was developed through consultation with the National Resource Center on Foster Care and Permanency Planning.
- Concurrent planning was initially developed as a type of permanency planning in which reunification services are provided to the family of a child in out-of-home care, but at the same time an alternative permanency plan is made for the child if reunification efforts should fail.
- An evaluation of the concurrent pilots will be completed after December 2006. The results of the evaluation will determine if concurrent planning is implemented statewide. If concurrent planning is implemented statewide, the plan is to use the pilot agencies as mentors for new agencies.

### **Permanency and Foster/Adoptive Home: Dual Approval of Foster and Adoptive Families**

- Agency Approved Provider Standards allow for concurrent approval of new homes as both foster and adoptive homes. This reduces the time spent in duplicate activities and repetitive approval activities and facilitates concurrent planning.

### **Permanency and Training: CRAFFT (Community Resource, Adoptive, And Foster Family Training)**

- CRAFFT provides a uniform system of state-guided training and technical assistance for local departments of social services as they deliver pre- and in-service training to their resource parents, foster parents, and adoptive parents.
- Core pre- and in-service training curriculum will provide consistency throughout the state in both content and minimum requirements, allowing some variation for local differences and needs.

### **Permanency: Family Group Decision Making (FGDM)**

- FGDM is a model of child welfare practice that involves the child, family and other social support network members in service plan development and dispute resolution.
- Also called Family Group Conferencing (New Zealand) and Family Unity Meeting (Oregon), FGDM is a “planned process in which parents/caregivers are joined by family, friends, and providers of community resources (professional and natural helping networks) to decide what is best for the well-being of children who have been maltreated and how to ensure their future safety.” Participants are prepared in advance so that they can bring their best thinking and wisdom to a family-centered gathering.
- FGDM is a tool in the social worker’s arsenal that increases maintaining children’s connection to family and community while accomplishing the goals of safety and permanency. FGDM is viewed as an important tool to enhance effectiveness of concurrent planning.
- A Family Group Decision Making Workgroup will be formed in Virginia to identify a model to pilot. The Workgroup will be made up of public and private, state and local representatives. VISSTA will work with VDSS staff to develop a course specific to the model and training will be provided to pilot agencies.
- An evaluation of the FGDM pilots will be completed after January 2007. The results of the evaluation will determine if FGDM is implemented statewide.

#### **Permanency: Permanency Advisory Committee**

- The Permanency Advisory Committee (PAC) counsels with VDSS on foster care and adoption policy and practice issues. The PAC, which meets quarterly, is comprised of representatives from the VDSS’ Interstate Compact on the Placement of Children Unit, Permanency Unit and the Division of Licensing. Additional members include: representatives from local departments of social service including Fairfax, Norfolk and Bedford; representatives from private child placing agencies; staff from the Court Improvement Program; members of the Court Appointed Special Advocates (CASAs); guardian ad litem; and LDSS attorneys.

#### **Virginia Institute for Social Services Training Activities (VISSTA)**

- VISSTA’s goal is to make consistent, quality, competency-based learning opportunities readily available to human service workers in Virginia.
- It is a collaborative effort between VDSS, Virginia Commonwealth University School of Social Work, Area Training Centers, and other partnering agencies and universities.
- VISSTA’s educational efforts are designed to increase knowledge, build skills, and improve the effectiveness of social services staff in their day-to-day work.
- VISSTA training supports the policies and philosophy of VDSS in nine programs including Child Welfare.
- VISSTA curricula focus on a range of skill levels – from foundation skills and best service delivery policy to highly specialized skills required to develop an expertise delivering specific program services.
- VISSTA will be used to delivery a number of the training opportunities that are identified in the PIP.

#### **Online Automated Services Information System (OASIS)**

- VDSS utilizes OASIS to provide an online case record, available statewide to authorized local departments of social services and State Office users, of information related to child welfare cases.
- OASIS is a primary tool in the day-to-day business of local department social workers.
- It is also a primary source of data for federal, state, and local child welfare agencies for reporting and planning.
- Data will be obtained from OASIS to report on Virginia’s progress in meeting certain strategies identified in the PIP.



**PROGRAM IMPROVEMENT PLAN NARRATIVE****SAFETY OUTCOME 1**

*Children are, first and foremost, protected from abuse and neglect*

**Item 1: Timeliness of initiating investigations of reports of child maltreatment**

**Goal:** Establish a baseline for responding to allegations of maltreatment by January 2007. The baseline will be determined by reviewing each local department's guidelines and comparing it to the OASIS data to come up with a statewide average on the response time for different priority levels by January 2007.

**Action Steps:**

1. Determine local departments of social services response time to CPS reports.

**Benchmarks:**

- *Forty-five percent of the local departments of social services will develop and implement local response time guidelines and submit them to the State Office by December 2005.*
  - *Seventy-five percent of the local departments of social services will develop and implement local response time guidelines and submit them to the State Office by July 2006.*
  - Evaluate local response time guidelines and establish a statewide baseline for responding to reports of child abuse and neglect by January 2007.
2. Implement in 30 pilot agencies policies and tools related to the acceptance, prioritization, and response time of reports of maltreatment through a contract with the Children's Research Center (CRC) for a Structured Decision Making (SDM) model.

**Benchmarks:**

- *Select and train local departments of social services that will serve as pilot agencies for SDM by February 2005.*
- *Implement SDM in 30 pilot agencies by February 2005.*
- *Review a random sample of cases from pilot agencies to assess the consistency and compliance with response time as indicated in SDM policy by December 2005.*
- *Evaluate information from pilot agencies regarding possible changes to SDM tools and/or state policy by March 2006.*
- Provide additional training and technical assistance to pilot agencies in implementing SDM by September 2006.

**SAFETY OUTCOME 2**

*Children are safely maintained in their homes whenever possible and appropriate*

**Item 4: Risk of harm to children**

**Goal:** *Decrease the risk of harm to children living in their own homes in 84 percent of the cases by January 2007. (Virginia's CFSR baseline is 81 percent.)*

**Action Steps:**

1. *Develop and implement training for local CPS and foster care workers and supervisors on the knowledge and skills needed to effectively engage families in safety and risk assessment and reassessment to ensure that child welfare workers and supervisors look beyond immediate, identified problems.*

**Benchmarks:**

- *Make the "Engaging Families" course available statewide starting in February 2005. The "Engaging Families" course introduces child welfare workers and supervisors to strength-based interviewing techniques that engage families to assess their service needs and determine safety. Different techniques that are appropriate at the different stages of change are introduced.*
  - *300 child welfare workers and supervisors will attend the "Engaging Families" course by January 2007. Including the "Engaging Families" course as part of the ongoing in-service training will be considered when the requirements for the mandated in-service training are established.*
2. Improve the assessment of risk of harm to children living in their own homes in SDM pilot agencies.

**Benchmarks:**

- *Provide technical assistance to supervisors in SDM pilot agencies on how to assess the level of risk in open cases by July 2005.*
  - *Require supervisors to review and approve the risk reassessment that must be completed every three months on ongoing CPS cases in SDM pilots starting in November 2006. These reviews will enable the supervisors to determine if risk is decreasing through the provision of services or take appropriate action to ensure that the worker helps the family obtain services that will decrease the risk of harm to children living in their own home.*
  - *Conduct a case review in pilot agencies to determine if cases are being re-assessed and services modified based on the risk assessment as a result of agency conformity to SDM policy by December 2006.*
  - *Disseminate best practice strategies related to risk reassessment as a result of information gathered from SDM pilots by January 2007.*
3. Clarify policy related to the management of CPS in-home (ongoing) cases, including intensity of service provision and worker contacts based on risk.

**Benchmarks:**

- *Evaluate through a case review the implementation of the CPS policy related to the handling of new reports of maltreatment in ongoing CPS cases and the intensity of service provision based on risk level by September 2006.*

- Provide technical assistance to those local departments identified during the evaluation as needing assistance in the implementation of state policy related to handling of new reports of maltreatment in ongoing CPS cases and the intensity of service provision based on risk level by January 2007.



**PERMANENCY OUTCOME 1***Children have permanency and stability in their living situations***Item 6: Stability of the foster care placement****Goal: Increase the percentage of children who have two or fewer foster care placements in the first year of their latest removal from 84.5 percent to 86.4 percent by January 2007.****Action Steps:**

1. *Mandate pre-service training for resource parents, foster parents, and adoptive parents to prepare families to meet the needs of children entering foster care.*

**Benchmarks:**

- *Submit proposed regulation mandating pre-service training for resource parents, foster parents, and adoptive parents to the State Board of Social Services requesting approval for publication for a 60 day public comment period by February 2006.*
2. *Ensure statewide consistency in mandated pre-service training of resource parents, foster parents, and adoptive parents.*

*Benchmarks:*

- *Establish a workgroup to identify minimum competencies and requirements for resource parent, foster parent, and adoptive parent pre-service training by June 2005.*
  - *Identify minimum training competencies and requirements for mandated pre-service training by August 2005.*
  - *Integrate the minimum training competencies and requirements for mandated pre-service training into the proposed regulations for Resource, Foster and Adoptive Home Approval Standards by February 2006.*
  - *Establish an on-going workgroup to advise VDSS in developing requirements and a process for assessing if local departments of social services resource, foster, and adoptive parent training curricula meet the established competencies by March 2006.*
3. *Mandate in-service training for resource parents and foster parents to prepare families to meet the on-going needs of children in foster care.*

*Benchmarks:*

- *Establish a workgroup to identify minimum requirements for resource parent and foster parent on-going training by June 2005.*
- *Identify minimum on-going training requirements by August 2005.*
- *Integrate the minimum requirements for mandated on-going training into the proposed regulations for Resource, Foster and Adoptive Home Approval Standards by February 2006.*
- *Establish an on-going workgroup to advise VDSS in developing requirements and a process for assessing if local departments of social services resource, foster, and adoptive parent training curricula meet the established competencies by March 2006.*

4. Develop and implement strategies to strengthen the screening and assessment of children's needs.

**Benchmarks:**

- Provide training to local child welfare workers in the 30 SDM pilot agencies on using the Family Strengths and Needs Assessment and the Family Reunification tools in SDM by September 2006.
- Provide training to the 20 concurrent planning pilot agencies on the use of the Permanency Planning Indicator by September 2006.

**Item 7: Permanency goal for the child**

**Goal:** *Increase the percentage of children in care with appropriate permanency goals to 84 percent by January 2007. (Virginia's CFSR baseline is 81 percent.)*

**Action Steps:**

1. Implement concurrent planning to ensure appropriate permanency goals are selected for children in a timely manner.

**Benchmarks:**

- *Pilot concurrent planning in 20 LDSS starting in July 2005.*
  - *Pilot agencies will collaborate with VDSS to develop a concurrent planning handbook based on the Virginia model that was developed with assistance from the National Resource Center for Foster Care and Permanency Planning by October 2005.*
  - *VDSS will require foster care and adoption staff in the pilot agencies to attend the VISSTA concurrent planning course in fiscal years 2005 and 2006.*
  - *Additional technical assistance will be sought from the National Resource Centers to augment the VISSTA training course and peer mentoring and to assist in providing training for attorneys and judges on concurrent planning during fiscal years 2005 and 2006.*
2. *File petitions for termination of parental rights (TPR) simultaneously with the petitions for the initial permanency planning hearing to change the goal to adoption or document in OASIS the reasons for not pursuing termination.*

**Benchmarks:**

- *Collaborate with LDSS and the Court Improvement Program (CIP) to develop and disseminate guidance on filing the petition for TPR simultaneously with the petition for the initial permanency planning hearing to change the goal to adoption. This guidance should be distributed to LDSS, juvenile and domestic relations courts, guardian ad litem, CASAs, and LDSS attorneys by September 2005.*
- *Notify OASIS staff about the need to save all petitions dates within the web based system. Request that during the programming of e-OASIS a report be developed, by locality, that will indicate the percentage of cases that have petitions for termination of parental rights filed simultaneously with the petitions for the initial permanency planning hearing to change the goal to adoption or document in OASIS the reasons for not pursuing termination by May 2006.*

**Item 8: Reunification, guardianship, or permanent placement with relatives**

**Goal: Increase the percentage of children who reunify with their family within 12 months of entering foster care from 70.7 percent to 73.12 percent by January 2007.**

**Action Steps:**

1. Implement Structured Decision Making (SDM) tools in the decision-making process for reunification in 30 pilot localities.

**Benchmarks:**

- *Select and train local departments of social services that will serve as pilot agencies for SDM by February 2005.*
  - *Implement SDM in 30 pilot agencies by February 2005.*
  - *Provide training to local workers in the 30 SDM pilot agencies on using the Family Strengths and Needs Assessment and the Family Reunification tools in SDM by September 2006.*
  - *Evaluate information from pilot agencies regarding possible changes to SDM tools and/or state policy by March 2006.*
  - *Provide additional training and technical assistance to pilot agencies in implementing SDM by September 2006.*
2. Provide guidelines and tools to local departments of social services on mental health screening of children entering foster care and children and families receiving ongoing CPS services.

**Benchmarks:**

- *Provide information to all LDSS through the foster care and adoption regional specialists on the CSA sponsored "Child and Adolescent Functional Assessment Scale (CAFAS)" Train-the-Trainer sessions by April 2006.*
- *With representatives of LDSS, participate in a joint meeting of the Virginia Secretary of Health and Human Resources' State Executive Council and its advisory group, the State/Local Advisory Team, to address outcomes (including mental health) for children and families with technical assistance from Mark Frieden in May 2006.*
- *Disseminate information to LDSS from the Department of Mental Health, Mental Retardation and Substance Abuse Services' "Children and Families Behavioral Health Policy and Planning" subcommittee focusing on the role of public mental health facilities for children and adolescents in the Commonwealth beginning in July 2006.*
- *Inform all LDSS of the Virginia Commission on Youth's second edition of evidence-based mental health treatments by September 2006.*
- *Include guidance on the purpose of, and how to access, the Bright Futures Mental Health Screening tools in the Best Practice section of the foster care policy manual by September 2006.*
- *Collaborate with the Virginia Commission on Youth in planning for their statewide conference on mental health and evidence-based practices by October 2006.*
- *Provide information to all LDSS on the first annual VA-INFO conference in October 2006 to educate families about committees, advisory councils, parent resource*

*centers, and opportunities for families to connect at local, regional, state, and national levels regarding the mental health needs of children by November 2006.*

- Provide information to all LDSS on the Bright Futures mental health screening tools by January 2007.
3. Develop and utilize a “relative identifier” form to expedite the identification and location of relatives as placement options for children entering foster care. The form should be used to collect such information on relatives as name, address, telephone number, and relationship to child. This information should be obtained on non custodial parents, paternal relatives, and maternal relatives.
- Benchmarks:**
- *Collaborate with the CIP staff and LDSS currently using relative identifier forms to develop a standardized form by September 2005.*
  - *Revise the foster care procedural manual and new worker training to address relative searches, emphasizing both maternal and paternal relatives, by November 2006.*
  - *Provide training to the regional specialists on the relative identifier form so they can answer questions from local workers by July 2006.*
  - **Disseminate the relative identifier form and procedural guidance to LDSS and juvenile and domestic relations courts statewide by July 2006. Emphasize the importance of obtaining this information as early as possible and the need to have the judge assist the LDSS in obtaining the information.**
  - *Collaborate with the CIP to educate judges on the importance of obtaining information about relatives during the first court hearing by July 2006.*
  - *Identify models of automated relative locator services and disseminate the information to LDSS by March 2006.*
4. *Support permanency with relatives by providing subsidized custody to relative caregivers through a Title IV-E waiver.*

**Benchmarks:**

- *Respond to programmatic questions raised by the federal government on VDSS’ application for the waiver by February 2005.*
- *Respond to evaluation questions raised by the federal government on VDSS’ application for the waiver within 90 days of receiving the questions.*

## Item 9: Adoption

**Goal: Increase the percentage of children who are adopted within 24 months of entering foster care from 20.2 percent to 23.1 percent by January 2007.**

**Action Steps:**

1. Implement concurrent planning to expedite adoption of children in foster care when appropriate.

**Benchmarks:**

- Implement the action step related to concurrent planning in the Permanency Goal for the Child Section (Item 7, Action Step 1).

2. *Promulgate regulations and develop policy that allow for dual approval of resource parents, foster parents, and adoptive parents.*

***Benchmarks:***

- *Submit proposed regulation allowing for dual approval of resource parents, foster parents, and adoptive parents to the State Board of Social Services requesting approval for publication for a 60 day public comment period by February 2006.*
3. Utilize “Progress to Excellence” reports as a management tool for assessing efforts to expedite adoptions and ensure timely documentation of final orders of adoption and other actions.

**Benchmarks:**

- *Develop a quarterly “Progress to Excellence” report which will include the number of children leaving care through adoption within 24 months of entering care by April 2005. The “Progress to Excellence” report will provide LDSS data on the national performance indicators.*
  - **Program specialists will review the results of the “Progress to Excellence” reports at least quarterly and provide technical assistance to those local departments of social services who need to improve their results starting in April 2005.**
4. *Support efforts of the Office of the Supreme Court of Virginia regarding Dispute Resolution for Child Dependency Mediation. The mediation should help facilitate timely permanency for children in foster care.*

**Benchmarks:**

- *Work with staff of the Office of the Supreme Court of Virginia to identify and notify local departments of social services of potential funding sources for the purchase of mediation services by October 2005.*
5. Collaborate with the Court Improvement Program to identify and educate on child welfare best practices and issues influencing timely permanency for children in foster care

**Benchmarks:**

- Permanency Unit staff will participate in the annual CIP Model Courts Conference to educate judicial staff on best practice initiatives in the State that impact timely permanence for children beginning in 2005.
- **Permanency Unit staff will participate in the annual CIP Program Advisory Committee to ensure collaboration and communication between both groups on child welfare related issues that affect training of workers and judges and policy development beginning in 2005.**
- **VDSS will support the CIP initiative to educate attorneys and judges on best practices for timely permanence by accessing technical assistance for CIP projects through federally funded National Resource Centers beginning in February 2005.**
- **CIP staff will participate in the quarterly meetings of the VDSS’ Permanency Advisory Committee to assist in foster care and adoption policy development and policy training for workers beginning in March 2005.**

**PERMANENCY OUTCOME 2***The continuity of family relationships and connections is preserved for children***Item 13: Visitation with parents and siblings****Action Steps:**

1. Establish guidelines for parent(s) and sibling visitation with children and youth in foster care.

**Benchmarks:**

- *Obtain information on other states' policy and practices concerning visitation between foster children and their parents and siblings from the National Resource Center by July 2006.*
- *Obtain reports from OASIS to determine the current frequency of visits between parent(s) and foster child and between foster child and siblings by July 2006.*
- Establish guidelines concerning the optimum frequency of parent(s) and sibling visitations with children and youth in foster care by September 2006.
- Provide training to LDSS on guidelines and best practices for parent(s) and siblings visitation with foster children through regional training sessions by September 2006.

2. Increase the involvement of resource parents, foster parents, and adoptive parents in facilitating contact between children in care and their parent(s) and siblings.

**Benchmarks:**

- *Provide technical assistance and consultation on "Bridging the Gap" between biological and resource/foster families for concurrent planning pilot agencies starting in July 2005.*
- Implement the action step related to concurrent planning in the Permanency Goal for the Child Section (Item 7, Action Step 1).
- *In the concurrent planning pilots, identify barriers to increasing involvement of resource parents and foster parents in facilitating contact between children and their parent(s) by December 2005.*
- Develop and implement a plan in the concurrent planning pilots to overcome these barriers by October 2006.
- Disseminate best practices learned by the concurrent planning pilots about barriers and successes in developing a relationship between birth and resource families through the VDSS web site by September 2006.
- Provide a "Visitation Tool Kit" that includes items and information that support resource and foster families in facilitating contact between children in care and their parent(s) and siblings to new resource parents, foster parents, and adoptive parents in concurrent planning pilots by July 2006.
- Establish guidelines and revise new worker training to cover resource parents' and foster parents' roles in facilitating contact between children in care and their parent(s) and siblings by January 2007.

**Item 14: Preserving connections****Action Steps:**

1. *Strengthen statewide use of Life Books to preserve connections.*

**Benchmarks:**

- *Incorporate in foster care policy guidance on the development and use of Life Books by June 2006.*
  - *Integrate the foster care policy guidance on Life Books into VISSTA courses by December 2005.*
  - *Integrate the foster care policy guidance into resource parents, foster parents, and adoptive parents training by June 2006.*
  - *Update VDSS' inter- and intra- net websites on Best Practices with information concerning Life Books by December 2005.*
2. Assist LDSS in their recruitment of resource parents, foster parents, and adoptive parents that reflect the ethnic and racial diversity of children in foster care.

**Benchmarks:**

- *Implement the action step for increasing the State's efforts in recruitment of prospective resource parents, foster parents, and adoptive parents in the Foster Home and Adoption Licensing, Recruitment and Retention Section (Item 44).*
  - *Develop multilingual brochures on foster care for dissemination to the public by October 2005.*
3. Strengthen policy and practice on preserving connections for children in foster care to ensure the child remains connected to extended family, heritage, culture, religion, friends, neighborhood, community, etc.

**Benchmarks:**

- *Revise foster care policy to emphasize the importance of preserving connections between the child in foster care and their extended family, heritage, culture, religion, friends, neighborhood, community, etc. and disseminate the policy to the LDSS by July 2005.*
- **Promote in the VDSS annual announcement of available child welfare funding the use of foster family homes where siblings reside as "respite providers" for siblings placed in separate foster family homes by July 2005.**

**Item 15: Relative placement****Action Steps:**

1. Develop and utilize a "relative identifier" form to expedite the identification and location of relatives as placement options for children entering foster care. The form should be used to collect such information on relatives as name, address, telephone number, and relationship to child. This information should be obtained on non custodial parents, paternal relatives, and maternal relatives.

**Benchmarks:**

- Implement the action step for developing and utilizing a "relative identifier" form in the Reunification and Placement with Relatives Section (Item 8, Action Step 3).

**Item 16: Relationship of child in care with parents****Action Steps:**



1. Implement guidelines and best practice strategies for visits between the child in care and parent(s) and siblings to facilitate visitation that is responsive to the needs of the child, parent(s) and siblings.

**Benchmarks:**

- Implement the action step on establishing guidelines for parent(s) and sibling visitation with children and youth in foster care in the Visitation with Parents and Siblings Section (Item 13, Action Step 1).

2. Collaborate with VDSS' Division of Licensing Programs (DOLP) to implement methods in addition to structured visitation for children in foster care and their parents to maintain contact.

**Benchmarks:**

- *Develop state guidance instructing public and private child care agencies to develop policy and procedures to institute additional and regular forms of contact such as email, letters, phone calls, etc. between parents and child in out of home placements by September 2005.*
- **Communicate the expectation for greater contact between children in out of home care and their parents through regularly scheduled public and private provider meetings held by DOLP and/or Division of Family Services' field staff starting in October 2005.**

**WELL-BEING OUTCOME 1**

*Families have enhanced capacity to provide for their children's needs*

**Item 17: Needs and services of child, parents, and foster parents**

**Goal:** *Increase the percentage of cases in which there is an adequate assessment of the needs and provision of the identified services for children, parents and foster parents to 77 percent by January 2007. (Virginia's CFSR baseline is 74 percent.)*

**Action Steps:**

1. Develop and implement strategies to strengthen screening and assessment of needs for children and parents.

**Benchmarks:**

- Provide training to local child welfare workers in the 30 SDM pilot agencies on using the Family Strengths and Needs Assessment and the Family Reunification tools in SDM by September 2006.
  - *In collaboration with the Permanency Advisory Committee (PAC) strengthen foster care policy regarding screening and assessment of needs focusing on best practices currently in use throughout the state by July 2005.*
  - *Provide training to LDSS on the revised foster care policy regarding screening and needs assessments by September 2005.*
  - *Require the completion of the Personal Development Plan by child welfare workers and supervisors so that the need for training on how to complete assessments can be determined by July 2005.*
  - *Establish a benchmark on the number of child welfare supervisors and workers needing training on how to complete assessments by September 2005. The benchmark will be established using data obtained from the Personal Development Plans completed by child welfare workers and supervisors.*
2. *Develop and implement strategies to strengthen service planning for children, parents and resource parents, foster parents, and adoptive parents.*

**Benchmarks:**

- *In collaboration with PAC, strengthen foster care policy regarding using the needs assessment to determine and document specific services needed by July 2005.*
- *Provide training to LDSS on the policy revisions by September 2005.*
- *Include language in the foster care worker policy training curriculum to promote the use of resource parents and foster parents as members of the team and the inclusion of services needed to support resource parents and foster parents in the service plan by December 2005.*
- *Require the completion of the Personal Development Plan by child welfare workers and supervisors so that the need for training on developing service plans can be determined by July 2005.*
- *Establish a benchmark on the number of child welfare supervisors and workers needing training on developing service plans by September 2005. The benchmark*

*will be established using data obtained from the Personal Development Plans completed by child welfare workers and supervisors.*

3. Develop and implement strategies to better address the needs of resource parents, foster parents, and adoptive parents through standardized training that will be made available to resource parents, foster parents, and adoptive parents and through on-going peer support.

**Benchmarks:**

- Implement the action step for mandating pre-service training of resource parents, foster parents, and adoptive families in the Stability of the Foster Care Placement Section (Item 6, Action Step 1).
- Implement the action step for ensuring consistency in mandated pre-service training of resource parents, foster parents, and adoptive parents in the Stability of the Foster Care Placement Section (Item 6, Action Step 2).
- Implement the action step for mandating in-service training of resource parents and foster parents in the Stability of the Foster Care Placement Section (Item 6, Action Step 3).
- *Issue a Request for Application (RFA) to carry out activities of Executive Director to develop a state association and regional and local associations; develop forums for learning opportunities; and develop and implement strategies to support resource parents, foster parents, and adoptive parents by February 2005.*
- *Award a contract to the most qualified bidder and implement contract activities by June 2005.*

**Item 18: Child and family involvement in case planning**

**Goal:** *Increase the percentage of cases in which there is an involvement of children and parents in the case planning process to 72 percent by January 2007. (Virginia's CFSR baseline is 69 percent.)*

**Action Steps:**

1. Develop and implement strategies to actively involve children and families in service planning.

**Benchmarks:**

- *Make the "Engaging Families" course available statewide starting in February 2005. The "Engaging Families" course introduces child welfare workers and supervisors to strength-based interviewing techniques that engage families to assess their service needs and determine safety. Different techniques that are appropriate at the different stages of change are introduced.*
- *In collaboration with the PAC, strengthen foster care policy regarding child and family involvement in service planning adopting best practices in use by LDSS by July 2005.*
- *Provide training to the LDSS on the policy revisions regarding child and family involvement in service planning by October 2005.*
- Implement the action step for concurrent planning in the Permanency Goal for the Child Section (Item 7, Action Step 1).

- *Evaluate the implementation of new CPS and foster care policies regarding the involvement of children and parents in service planning by December 2005.*
- *300 child welfare workers and supervisors will attend the “Engaging Families” course by January 2007. Including the “Engaging Families” course as part of the ongoing in-service training will be considered when the requirements for the mandated in-service training are established.*
- *Provide technical assistance to those local departments identified in the evaluation as needing assistance in the implementation of the CPS and foster care policies related to the involvement of children and parents in service planning by January 2007.*

**Item 19: Worker visits with child****Item 20: Worker visits with parents**

**Goal:** Increase the frequency of visits between caseworkers and children and caseworkers and parents to be sufficient to ensure adequate monitoring of the child's safety and well-being. Workers visits will focus on issues related to case planning, service delivery and goal attainment in 79 percent of the cases by October 2006. *The frequency and quality of visits between caseworkers and parents will be sufficient to promote attainment of case goals and/or ensure the children's safety and well being in 80 percent of cases by January 2007. (Virginia's CFSR baseline is 76 percent for worker-child contact and 77 percent for worker-parent contact.)*

**Action Steps:**

1. Develop and implement policies to increase worker contacts with children and parents.

**Benchmarks:**

- *Contact other states to obtain information on their policies concerning worker contacts with children in foster care and their families. Analyze the polices by March 2006.*
- *Obtain reports from OASIS to determine the current frequency of visits between worker and child and worker and family by July 2006.*
- *Provide technical assistance to local workers on the importance of worker contacts with children in foster care and their families being frequent enough to meet the needs of the children and their families starting in August 2006.*

2. Develop and implement strategies to improve the quality of worker contacts with children.

**Benchmarks:**

- *Develop, in collaboration with the PAC, a tool to guide workers during their contacts with children by July 2006.*
- *Provide training on how to use the tool and implement usage of the tool by October 2006.*

**WELL-BEING OUTCOME 3**

*Children receive appropriate services to meet their physical and mental health needs.*

**Item 23: Mental health of the child****Action Steps:**

1. Provide guidelines and tools to local departments of social services on mental health screening of children entering foster care and children and families receiving ongoing CPS services.

**Benchmarks:**

- *Provide information to all LDSS through foster care and adoption regional specialists on the CSA sponsored "Child Adolescent Functional Assessment Scale (CAFAS) train-the-trainer sessions by April 2006.*
  - *With representatives of LDSS, participate in a joint meeting of the Virginia Secretary of Health and Human Resources' State Executive Council and its advisory group, the State/Local Advisory Team, to address outcomes (including mental health) for children and families with technical assistance from Mark Frieden by May 2006.*
  - *Disseminate information to LDSS from the Department of Mental Health, Mental Retardation, and Substance Abuse Services' "Children and Families Behavioral Policy and Planning" subcommittee focusing on the role of public health facilities for children and adolescents in the Commonwealth by July 2006.*
  - *Inform all LDSS of the Virginia Commission on Youth's second edition of evidence-based mental health treatments by September 2006.*
  - *Include guidance on the purpose of, and how to access, the Bright Futures Mental Health Screening tools in the Best Practice section of the foster care policy manual by September 2006.*
  - *Collaborate with the Virginia Commission on Youth in planning for their statewide conference on mental health and evidence-based practices by October 2006.*
  - *Provide information to all LDSS on the first annual VA-INFO conference in October 2006 to educate families about committees, advisory councils, parent resource centers, and opportunities for families to connect at local, regional, state, and national levels regarding the mental health needs of children by November 2006.*
  - *Provide information to all LDSS on the Bright Futures mental health screening tools by January 2007.*
2. Implement strategies to increase mental health resources.

**Benchmarks:**

- **Provide to families participating in the Rural Adoptive Recruitment Initiative mental health services beginning in October 2005.**
- **Implement the action step on increasing mental health and substance abuse services availability and accessibility for children and families involved with the child welfare system in the Service Array Section (Items 35 and 36, Action Step 3).**

## CASE REVIEW

**Item 25: Provides a process that ensures each child has a written case plan to be developed jointly with the child's parents that includes the required provisions.**

**Goal:** Increase the involvement of children and parents in the case planning process by January 2007.

### **Action Steps:**

1. *Involve parents and children, if appropriate, in the process of assessing needs and developing service plans to meet the identified needs.*

#### **Benchmarks:**

- *Make the "Engaging Families" course available statewide starting in February 2005. The "Engaging Families" course introduces child welfare workers and supervisors to strength-based interviewing techniques that engage families to assess their service needs and determine safety. Different techniques that are appropriate at the different stages of change are introduced.*
- *Develop specific protocols and policies for early involvement of children and parents in the assessment process and service planning in 20 LDSS by January 2006.*
- *300 child welfare workers and supervisors will attend the "Engaging Families" course by January 2007. Including the "Engaging Families" course as part of the ongoing in-service training will be considered when the requirements for the mandated in-service training are established.*

2. Implement concurrent planning to ensure parents and children are involved in the services planning process.

#### **Benchmarks:**

- Implement the action step related to concurrent planning in the Permanency Goal for the Child Section (Item 7, Action Step 1).

3. Design and implement a quality assurance process to monitor written case plans and the inclusion of the child and child's parent(s) in the planning process, when appropriate.

#### **Benchmarks:**

- *Design and implement a case review process to be used by the Child and Family Services Review Team to monitor written case plans and the inclusion of the child and child's parent(s) in the planning process by February 2005.*
- **Conduct on-going case reviews by the Child and Family Services Review Team and State staff to monitor written case plans and the inclusion of the child and child's parent(s) in the planning process starting in March 2005.**

**Item 26: The State provides a process for the periodic review of the status of each child, no less frequently than once every six months, either by a court or by administrative review.**

**Goal:** Increase the number of administrative panel reviews held in a timely manner and the quality of the administrative panel reviews so that children who are not required to have a court hearing will have

a meaningful administrative panel review every six months with all parties involved by January 2007.

**Action Steps:**

1. *Provide clear policy guidance on timeframes for holding administrative panel reviews, participants to be included and procedures for administrative panel reviews.*

**Benchmarks:**

- *Update foster care policy to incorporate additional guidance on timely and meaningful administrative panel reviews and notify LDSS of the revisions by May 2005*
  - *Issue a broadcast clarifying policy and procedures for administrative panel reviews by June 2005.*
2. Conduct full administrative panel reviews for children in foster care with the goals of adoption, permanent foster care, and independent living, alternating with court hearings.

**Benchmarks:**

- Hold timely administrative panel reviews that meet policy requirements, including review of service plan goals and involvement of children, parents and other parties, in 95 percent of the appropriate foster care cases by July 2006.
- Provide technical assistance to local departments of social services who are not meeting policy in relationship to the timeliness of administrative panel reviews starting in September 2006.

**Item 28: Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act (ASFA).**

**Goal:** Inform local departments of social services that children with the goal of adoption should have a petition for the termination of parental rights (TPR) filed simultaneously with the petition for the initial permanency planning hearing to change the goal to adoption or will have documentation in OASIS as to the reason termination is not being pursued by August 2006.

**Action Steps:**

1. Implement concurrent planning to facilitate timely completion of termination of parental rights when appropriate.

**Benchmarks:**

- Implement the action step related to concurrent planning in the Permanency Goal for the Child Section (Item 7, Action Step 1).
2. *Collaborate with the Court Improvement Program to provide a forum for communication between LDSS attorneys to reduce legal barriers to permanency.*

**Benchmarks:**

- *Develop a workgroup of LDSS attorneys to identify training needs related to legal barriers to permanency by February 2005.*
- *Facilitate one statewide training event for LDSS attorneys by March 2005.*



**Item 29: Provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in any review or hearing held with respect to the child.**

**Goal:** Increase the notification of and the opportunity to participate by resource parents, foster parents, pre-adoptive parents, and relative caregivers in court hearings and administrative panel reviews by January 2007.

**Action Steps:**

1. Provide a process that allows resource parents, foster parents, pre-adoptive parents, and relative caregivers who are unable to attend court hearings to be included in the hearing through a conference call.

**Benchmarks:**

- Collaborate with the Court Improvement Program at the Supreme Court of Virginia to develop policies and procedures to implement conference calls in the courtroom by June 2006.
  - Pilot the procedure allowing resource parents, foster parents, pre-adoptive parents, and relative caregivers access to court hearings by conference calls in 10 LDSS by September 2006.
2. Strengthen foster care policy guidance on providing resource parents, foster parents, pre-adoptive parents, and relative caregivers with the opportunity to provide input during administrative panel reviews (APRs).

**Benchmarks:**

- Review and revise foster care policy to provide adequate guidance on conducting APRs and providing notification to resource parents, foster parents, pre-adoptive parents, and relative caregivers concerning the APRs and provide notification of the policy revisions to LDSS by July 2005.
- Enhance new worker policy training to emphasize providing to resource parents, foster parents, pre-adoptive parents, and relative caregivers adequate notice of APRs and their right to attend and be heard at APRs by October 2005.

## TRAINING

**Item 32: The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for staff who deliver these services.**

**Goal:** New child welfare workers will be informed about core courses that have been identified as being needed by new workers to address the skills and knowledge base needed to carry out their duties by September 2006.

**Action Steps:**

1. *Mandate integrated training for new child welfare workers through the promulgation of regulations.*

**Benchmarks:**

- *Submit proposed regulation mandating training for new child welfare workers to the State Board of Social Services requesting approval for publication for a 60 day public comment period by February 2006.*

2. Develop integrated training for new child welfare workers.

**Benchmarks:**

- *Review mandated training requirements in other states with a structure similar to Virginia's by September 2005.*
- *Finalize minimum training competencies by January 2006.*
- *Identify a group of core courses to comprise an initial minimum training package for new child welfare workers by March 2006.*
- *VISSTA will offer the core courses that have been identified as being needed by new child welfare workers starting in July 2006.*
- *Encourage new child welfare workers to take the core courses offered by VISSTA by August 2006.*

**Item 33: The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.**

**Goal:** Child welfare workers, including supervisors, will be informed about core courses that have been identified as the ongoing training package which address the skills and knowledge base needed to carry out their duties by September 2006.

**Action Steps:**

1. Mandate in-service training for child welfare workers and supervisors that addresses the skills and knowledge base needed to carry out their duties in working with children and families involved in the child welfare system.

**Benchmarks:**

- *Submit proposed regulation mandating in-service training for child welfare workers and supervisors to the State Board of Social Services requesting approval for publication for a 60 day public comment period by February 2006.*

2. Develop in-service mandated training for child welfare workers and supervisors that integrates policy, skills, and automated systems.

**Benchmarks:**

- Review mandated training requirements for child welfare workers and supervisors in states with a structure similar to Virginia's by September 2005.
- Finalize minimum training competencies by January 2006.
- Identify a group of core courses to comprise an integrated ongoing training package for child welfare workers and supervisors by March 2006.
- VISSTA will offer the core courses that have been identified as the ongoing training package for child welfare workers and supervisors starting in July 2006.
- Encourage child welfare workers and supervisors to take the core courses offered by VISSTA by August 2006.

**Item 34: The State provides training for current or prospective resource parents, foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under Title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.**

**Goal:** Identify the minimum training competencies needed for pre-service and on-going training of resource parents, foster parents, and adoptive parents and provide the competencies to local departments of social services by September 2006.

**Action Steps:**

1. Mandate pre-service training for resource parents, foster parents, and adoptive parents to prepare families to meet the needs of children entering foster care.

**Benchmarks:**

- Implement the action step for mandating pre-service training of resource parents, foster parents, and adoptive families in the Stability of the Foster Care Placement Section (Item 6, Action Step 1).
2. Ensure statewide consistency in mandated pre-service training of resource parents, foster parents, and adoptive parents.

**Benchmarks:**

- Implement the action step for ensuring statewide consistency in pre-service training of resource parents, foster parents, and adoptive parents in the Stability of the Foster Care Placement Section (Item 6, Action Step 2).
3. Mandate in-service training for resource parents and foster parents to prepare families to meet the on-going needs of children in foster care

**Benchmarks:**

- Implement the action step for mandating in-service training of resource parents and foster parents in the Stability of the Foster Care Placement Section (Item 6, Action Step 3).

## SERVICE ARRAY

**Item 35:** The State has in place an array of services that assess the strengths and needs of children and families to determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.

**Item 36:** The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.

**Goal:** Collaborate with other human services agencies to increase the availability and accessibility of critical services for families and children throughout Virginia by January 2007.

### Action Steps:

1. Collaborate with public and private agencies to increase access to dental and medical services.

#### Benchmarks:

- *Meet with the Department of Medical Assistance Services (DMAS) to increase local departments of social services' awareness of DMAS' contractual services for dental care by May 2006.*
- Disseminate information regarding DMAS contracted dental services to all local departments of social services by August 2006.
- Assess if, and how, the Medicaid study in Pulaski/Albemarle/Bedford and Floyd counties could be used to promote enhanced access to services and increases in providers in underserved areas by August 2006.
- Access information from the Institute for Policy Outreach regarding studies on expanding services to underserved populations in other states by August 2006.
- Assess if initiatives from other states are feasible to implement in a pilot group of localities in Virginia by December 2006.

2. Collaborate with public and private agencies to increase mental health services availability and accessibility for children and families involved with the child welfare system.

#### Benchmarks:

- *Implement the mental health components of the Rural Adoptive Family Initiative to develop adoption competent mental health providers in 20 rural areas of the state beginning October 2005.*
- Participate in meetings of the Secretary of Health and Human Resources' custody relinquishment workgroup to identify service gaps, funding stream barriers, and other policy and practice issues that force parents to relinquish custody of their children to foster care in order to obtain mental and physical health services throughout fiscal years 2005 and 2006.
- Collaborate with state and local agencies on the custody relinquishment workgroup to carry out recommendations approved by the Secretary of Health and Human

Resources and the General Assembly to increase service availability and overcome barriers to obtaining mental and physical health services throughout fiscal years 2005 and 2006.

- *Assess current use of the EPSDT mental health screening services for children in CPS and foster care by October 2005.*
  - **Educate localities, as necessary, on the availability of mental health screening services through EPSDT by April 2006.**
  - Participate in existing DMHMRSAS workgroups (such as the “Integrated Policy and Plan to Provide and Improve Access to MH/MR/SA Services for Children and Adolescents” Workgroup) to develop a collaborative state level plan identifying resources to help address gaps in mental health services by January 2007.
  - *With representatives of LDSS, participate in a joint meeting of the Virginia Secretary of Health and Human Resources’ State Executive Council and its advisory group, the State/Local Advisory Team, to address outcomes (including mental health) for children and families with technical assistance from Mark Frieden by May 2006.*
  - Inform all LDSS of the Virginia Commission on Youth’s second edition of evidence-based mental health treatments by September 2006.
  - Collaborate with the Virginia Commission on Youth in planning for their statewide conference on mental health and evidence-based practices by October 2006.
  - *Provide information to all LDSS on the first annual VA-INFO conference in October 2006 to educate families about committees, advisory councils, parent resource centers, and opportunities for families to connect at local, regional, state, and national levels regarding the mental health needs of children by November 2006.*
  - Provide information to all LDSS on the Bright Futures mental health screening tools by January 2007.
  - Inform resource parents, foster parents, and adoptive parents about mental health services for children by January 2007.
3. Increase substance abuse services availability and accessibility for families and children throughout Virginia who are involved with the child welfare system.

**Benchmarks:**

- **Monitor the implementation of the Memorandum of Understanding and strategic plan developed with DMHMRSAS and the Office of the Executive Secretary of the Supreme Court of Virginia to improve outcomes for families affected by substance use who are involved in Virginia’s child welfare system and juvenile and domestic relation courts by October 2005.**
- Implement uniform screening for parental substance abuse and child safety in families who come into contact with the child welfare system by January 2007.

4. *Collaborate with public and private partners to increase access to services for juveniles displaying sexually aggressive or reactive behaviors.*

**Benchmarks:**

- *Collaborate with the Department of Juvenile Justice (DJJ) and the Department of Criminal Justice Services (DCJS) through participation in the Juvenile Justice and Delinquency Prevention Advisory Committee to develop and support the DJJ three*

*year strategic plan and components relating to service delivery and availability for sexually aggressive adolescents throughout fiscal year 2005.*

- *Establish a public/private planning group to address and provide recommendations for the community-based treatment, funding, and placement needs of youth in foster care who are sexually reactive or aggressive by December 2005.*

5. *Develop and implement strategies to strengthen service planning for children and parents.*

***Benchmarks:***

- *Implement the action step for strengthening service planning for child in the Needs and Services of Child, Parent, and Foster Parent Section (Item 17, Action Step 2).*

6. *Expand partnerships with LDSS, other government agencies, and community organizations to improve the accessibility, availability, and delivery of services to older youth transitioning out of foster care.*

***Benchmarks:***

- *Provide technical assistance to 10 LDSS for using their Independent Living basic allocation (up to 30 percent) for room and board for eligible youth, ages 18-21, transitioning out of foster care by July 2005.*
- *Provide technical assistance to two LDSS for developing a demonstration project offering transitional housing services by July 2005.*
- *Develop a Memorandum of Understanding with the Department of Housing and Urban Development concerning vouchers for housing former foster care youth that can serve as a collaboration model for localities to adapt and adopt by January 2006.*

### ***FOSTER HOME AND ADOPTION LICENSING, RECRUITMENT AND RETENTION***

***Item 41: The State has implemented standards for foster family homes and child care institutions which are reasonably in accord with recommended national standards.***

***Item 42: The standards are applied to all licensed or approved foster family homes or child care institutions.***

***Goal: Establish standards for resource parents, foster parents, and adoptive parents that are consistent between public and private child-placing agencies and in reasonable accord with Child Welfare League of America standards by January 2007.***

***Action Steps:***

1. *Promulgate regulations that establish consistent standards for resource parents, foster parents, and adoptive parents who are approved by local departments of social services or licensed by a private child-placing agency.*

***Benchmarks:***

- *Collaborate with VDSS' Division of Licensing to identify and rectify any areas of inconsistency in public and private agency regulations for approving resource homes, foster homes, and adoptive homes by March 2005.*
  - *Submit proposed private agency regulations to the State Board of Social Services by December 2005.*
  - *Submit proposed regulation containing standards for resource parents, foster parents, and adoptive parents who are approved by local departments of social services to the State Board of Social Services requesting approval for publication for a 60 day public comment period by February 2006.*
2. *Implement dual approval of resource parents, foster parents, and adoptive parents.*

***Benchmarks:***

- *Implement the action step for dual approval of resource parents, foster parents, and adoptive parents in the Adoption Section (Item 9, Action Step 2).*

***Item 44: Recruitment of potential foster and adoptive families that reflect the racial and ethnic diversity of children in the state for whom foster and adoptive homes are needed.***

***Goal: Develop and implement a statewide recruitment plan in collaboration with local departments of social services and private agencies to ensure the diligent recruitment of potential resource parents, foster parents, and adoptive parents that reflect the ethnic and racial diversity of children in foster care by January 2007.***

***Action Steps:***

1. *Increase the State's efforts in recruitment of prospective resource parents, foster parents, and adoptive parents.*

**Benchmarks:**

- *Issue a Request for Applications (RFA) to carry out activities of an Executive Director to develop a state resource parents, foster parents, and adoptive parents association and regional and local associations by June 2005.*
- *Award a contract to the most qualified applicant to carry out the prescribed activities by January 2006.*
- *Under the direction of the individual(s) contracted with to develop a Virginia Foster and Adoptive Parent Association, develop forums for regular learning opportunities for resource parents, foster parents, and adoptive parents through the state and regional associations beginning January 2007.*
- *Under the direction of the individual(s) contracted with to develop a Virginia Foster and Adoptive Parent Association, and in collaboration with CRAFFT, develop and implement a plan for using regional and local foster parents associations as recruitment resources by September 2006.*
- *Develop and implement strategies to support families who assist in recruitment of new resource parents, foster parents, and adoptive parents by January 2007.*
- *Monitor the progress of the recruitment effort on a quarterly basis starting in January 2007.*



## EVALUATION PLAN

Measuring the success of Virginia's Program Improvement Plan (PIP) will be accomplished through two types of assessments, analysis of OASIS data and a review of a sample of foster care and ongoing CPS cases. Results will be combined in completing federal quarterly reports on the progress that is being made on accomplishing the goals of the PIP.

### 1. Analysis of OASIS data

PIP progress will be assessed through analysis of various reports from OASIS. Any item of the PIP that can be measured through the automated system will be analyzed and reported as a part of the PIP quarterly progress reports. OASIS reports will provide indicators of progress by LDSS and statewide, and will help to identify performance problems and technical assistance needs of LDSS. The data for the stability, reunification, and adoption measures connected to the national standards will be calculated using an approach consistent with the approach used in the development of the Children's Bureau generated data profile.

Specific data to be analyzed using OASIS data include:

- rate of abuse/neglect recurrence;
- rate of abuse/neglect in foster care;
- re-unification within 12 months of entering care;
- adoption finalized within 24 months of entering care;
- no more than two placements in first 12 months of care;
- re-entry within 12 months of exiting foster care;
- date of administrative panel review; and
- date of court hearing.

### 2. Case Review

Virginia Polytechnic Institute and State University (VA Tech) has entered into an interagency agreement with VDSS to conduct case reviews in local departments of social services. These onsite reviews will examine outcomes for a sample of children and families involved with the child welfare system. The onsite reviews will be used to address specific outcomes through a focus on the quality of services and practices unique to that local department. The case reviews will include child-specific performance indicators that correspond to certain statewide aggregate data, such as timeliness of reunification and adoptions, and stability of foster care placements. Data for other indicators that cannot be reported in aggregate form through OASIS, such as the risk of harm to children and the nature of the relationship between children in care and their parents, will be obtained during these reviews. Through the combination of aggregate data analyzed through reports from OASIS and case-specific information gathered on site, the review team will be able to evaluate outcome achievement within programs and identify areas where technical assistance is needed to make improvements. Specific recommendations will be developed by the review team in conjunction with VDSS program staff to help ensure that outcomes are substantially achieved.

For local departments whose onsite review will be conducted between January 1, 2005, and June 30, 2005, the foster care sampling method will coincide with the six-month AFCARS submission period from January 1, 2004, to June 30, 2004. The in home services sampling period will be the eight-month period from January 1, 2004, to August 30, 2004. For local departments whose onsite review will be conducted between July 1, 2005 and December 31, 2005, the sampling method will coincide

with the six-month AFCARS submission period from July 1, 2004 and December 31, 2004. The in home services sampling period will be the eight-month period from July 1, 2004 to February 29, 2005

The total population size has been computed based on monthly OASIS caseload trends. The population for the Year One review is as follows:

<b>Population by Case Type</b>			
<b>CPS Cases</b>	<b>Dual CPS and Foster Care Cases</b>	<b>Foster Care Cases</b>	<b>Total Population</b>
3914	417	7989	12737

The case sample at each local department will be stratified and proportionally representative according to type. Accordingly, the statewide aggregate sample will include approximately 31 percent CPS cases, 63 percent Foster Care cases, and 3 percent Dual CPS and Foster Care cases.

The sample sizes from each local department are dependent upon the total number of CPS, Foster Care, and Dual category cases at each agency, as well as available human resources. The table below shows the minimal sample size that will be drawn from each local department's case population.

<b>Sample Size Determination by Total Caseload</b>	
<b>Total Number of Agency Cases</b>	<b>Sample Size</b>
500 Cases or Greater	30 Sample Cases
200 – 499 Cases	22 Sample Cases
100 – 199 Cases	15 Sample Cases
50 – 99 Cases	10 Sample Cases
11 – 49 Cases	7 Sample Cases
10 Cases or Less	All Cases

VA Tech will hire a team of reviewers that will review cases in all LDSS designated as Class III and above. (A local department's class designation is determined by the number of workers in the agency. A Class I agency is the smallest with a Class VI agency being the largest.). VDSS will be responsible for reviewing all Class I and Class II agencies. Using inferential statistics and a previously conducted random moment study, we anticipate reviewing between 1,200 and 1,488 cases per year based on the case distribution among the local departments. This range represents approximately 10-11 percent of the total state population ( $p < .05$ ;  $STE = + 2.68$ ). The results of the reviews conducted by VA Tech and VDSS will be combined when reporting the results. Each quarter a combination of different size local departments will be reviewed.

An important component of the onsite review will be the development of post review recommendations. A report will be provided to each local department upon completion of the initial review and follow-up review that will include determinations of substantial conformity for each of the seven outcomes and items within the outcomes Systemic factors that impact the seven outcomes will also be addressed. The local department will also receive information about best practices that might be helpful in improving its performance in areas determined to not be in substantial conformity. These reports will be shared with the appropriate program staff members so technical assistance can be provided to the local departments.

The reviews will start in January 2005. Prior to the review, the reviewers will receive training on the instrument from the National Resource Center on Organizational Improvement. To ensure consistency, the lead analyst will pull a sample of cases from each reviewer to review. VA Tech will prepare a progress report quarterly on local departments reviewed with a compilation of all data

regarding outcome achievement and the impact of those data on the statewide aggregate data. This report will also include an analysis of problem areas identified within the reviews as well as an evaluation of “best practices” that can be communicated to other local departments. The first report will be submitted to the Children’s Bureau in April 2005. It is recognized that the results of the case reviews might vary from the results of the CFSR. VDSS staff members will meet with the appropriate federal officials after the completion of the second quarter of reviews to determine if changes need to be made to the baselines contained in the PIP.