

**Virginia Department of Social Services
Program Improvement Plan
September 2010**

Background

In December of 2007 under the leadership of then First Lady Anne Holton, Virginia began the process of transforming how services were delivered to at risk youth and their families. Based on the belief that every child deserves a safe, loving and stable life with a family and in the community, the Virginia Children's Services System Transformation (Transformation) is aimed at improving the way we help at risk children and their families to achieve success in life; safety for children and communities; life in the community; family based placements; and life-long family connections. The Transformation process has evolved over the last few years and now includes all child serving agencies within the Commonwealth¹. At the onset, however, Transformation was focused on those youth served within the child welfare system and had four clearly identified goals:

- To adopt a state-wide philosophy that supports family-focused, child-centered, community-based care with a focus on permanence for all children,
- To establish a state-level practice model focused on family-centered care and permanence that is reinforced by a uniform training program,
- To create and implement a statewide strategy to increase availability and utilization of relative care and non-relative foster and adoptive placements to ensure that children can be placed in the most family-like setting that meets their needs, and
- To create a robust performance monitoring/quality assurance system to identify and measure outcomes, monitor quality of practice, and improve accountability.

The work on these four goals began as a partnership between the state child serving agencies and 13 Virginia localities representing over 40 percent of the Commonwealth's children in foster care. This partnership, the Council on Reform (CORE), developed workgroups to address each of the identified goals. In addition, CORE determined that there were several key components necessary for the development of a fully functioning child serving system at the local level. These components, termed „building blocks' are built upon the practice model developed by CORE and were intended to help provide structure to the work moving forward.

The first building block, the development of a community-based continuum of care was identified to address the significant developmental, funding and sustaining factors that have to be addressed in order to ensure that, when possible, children receive the services that they need within their own home and community. The second building block, a statewide training system reestablished our commitment to the development of a comprehensive, competency based training system built on the practice model and accessible across Virginia. Resource family recruitment, development and support was identified as the third building block. With a focus on finding, training and supporting resource families to provide permanent connections for youth in foster care, this building block would help to significantly address the goal of ensuring that all children have a chance to be a part of a family. Further developing the involvement of families and other community supports, the fourth building block is the use of a deliberate family engagement model. Engaging families in a deliberate way by giving them a voice in what happens to their family and their children was identified as a vital component of our efforts to ensure lasting permanency, safety and well being for youth in Virginia. Finally, in an attempt to make more informed and data driven decisions by using our desired outcomes to drive practice, managing by data was identified as the fifth building block.

¹ The Transformation partner agencies are Departments of Social Services, Juvenile Justice, Education, Behavioral Health and Developmental Services, and the Office of Comprehensive Services.

The work of the CORE localities quickly spread across the Commonwealth and since the inception of the Transformation in December of 2007 we have seen the number of children in group care reduced by 45 percent statewide. This decrease means that there are 865 fewer children in group care than when the Transformation began. CORE localities have reduced their group care population by 50 percent.

The second round of Virginia's Child and Family Services Review (CFSR), conducted during the week of July 13 - 17, 2009, confirmed for Virginia that there was progress being made towards improving our child welfare system, but there are still areas needing improvement. Items related to repeat maltreatment, foster care reentry, proximity of children's placements to parents, placement with siblings, and the physical and dental health of children were rated as strengths for the Commonwealth. Virginia met the national standards for the data indicators pertaining to the absence of recurrence of maltreatment within 6 months, the absence of maltreatment of children in foster care by their foster parents or a facility staff member, and the stability of placements for children in foster care. Virginia was found to be in substantial conformity with the systemic factor pertaining to agency responsiveness to the community.

Virginia is not in substantial conformity with seven out of seven outcome areas and six out of seven systemic factors. Themes of the key areas for concern include inadequate assessment of safety and risk for youth as well as a lack of service provision for those youth and their families based on their assessed needs. Virginia also needs significant improvement in our efforts to include parents and family members in every step of a case from case planning to visitation to a viable option for discharges to permanency. Finally, Virginia struggles significantly with moving our children in foster care to permanency and even more so in finding that permanency for youth in a timely manner. The key areas of concern noted in the CFSR final report are in line with what we had identified through our Transformation efforts as well as through the Virginia's Child and Family Services Plan. Operationalizing Virginia's Children's Services practice model and the building blocks of the Transformation will address these key concerns for both the development of our Program Improvement Plan (PIP) and for our ongoing work towards transforming our system. The activities reflected in the PIP are some of the same activities that will be reviewed yearly in our Annual Progress and Services Report (APSR).

Virginia was rated an area needing improvement on Item 26: Periodic Review. This item is rated as an area needing improvement because information from the Statewide Assessment and stakeholder interviews indicates that State policy does not require the first periodic review of the child's status in foster care to occur within 6 months of the date of the child's adjudication as abused or neglected or 6 months from the date at which the child had been in an out-of-home placement for 60 days, whichever comes first. Instead, State policy requires that the initial periodic review must occur within 6 months from the time of the dispositional hearing, which must be held within 75 days of the child's entry into foster care. To address this issue, Virginia has incorporated into guidance a clear requirement that local departments of social service (LDSS) must provide the courts with contact information for foster, adoptive, and kin families (resource families) to be informed of the dispositional hearing and their right to be heard regarding the foster care service plan. This dispositional hearing will now be used as the first periodic review. In addition, Virginia will be training foster care supervisors in October and November 2010 on the requirement that resource parents will be informed of their right to be heard concerning the foster care plan at every hearing beginning with the initial hearing. VDSS will provide training to those attorneys who represent local departments as well.

The Virginia PIP was developed through a highly collaborative process involving a cross-divisional family services workgroup and the Child Welfare Advisory Committee (CWAC), the division of family services' stakeholder group. CWAC has representation from local departments of social services, Court Appointed Special Advocates, the Department of Behavioral Health and Developmental Services, the Court Improvement Program, the Department of Medical Assistance Services, the Medical Examiner's Office, FACES –a resource family group, the Office of Comprehensive Services, and other stakeholder organizations. As a result of the work these groups have done together, Virginia has developed four Primary Strategies to help address the key concerns indicated by the CFSR Final Report. Those Primary Strategies and Goals are as follows.

Virginia's PIP Strategies

Primary Strategy 1: Engage Families across the Continuum of Child Welfare

Goal: Ensure, children, youth and parental input is heard and considered in the decision making processes regarding safety, permanency, well being, and service planning and placement decisions.

The first objective under this strategy is to “Utilize Family Partnership meetings as a way to involve families, youth, and significant others”. Virginia has made a clear and decisive commitment to the principle and reality that families are the experts on what is best for their children through the adoption of our Family Partnership Meetings. These meetings reflect our commitment to having family members at the table, whenever possible, to participate in permanency planning for their child or relative. This practice is driven not only by research that recommends a structured family engagement model, but also by the CFSR that, for the second time, informs us that we do not adequately involve families in the decision-making process. It is also driven by our personal and professional commitment, as reflected in our practice model to do what is best for the children we serve.

Family Partnership Meetings utilize a team approach to making decisions throughout the family's involvement with the local department. Family Partnership Meetings involve the parents and their identified supports, relatives, the social worker, professionals working with the family and other relevant community partners. These meetings are facilitated by a trained individual who is not the case-carrying social worker for the child or family and the group as a team collaborates on decisions at the following points: determination of high or very high risk; after emergency removal; prior to change of placement; prior to change of goal; at the request of the parent (birth, foster, adoptive, legal guardian), or social worker.

With training and technical assistance provided, the expectation is that by December 31, 2010, each locality will have implemented Family Partnership Meetings in at least one of the above decision points. The Child Welfare Regional Consultants are available to assist localities with problem-solving to address challenges related to the implementation of Family Partnership Meetings, including consultation with individual localities. They can assist with day-to-day implementation concerns and may be helpful in determining the decision point(s) at which to begin having Family Partnership Meetings or the most appropriate facilitator option for each locality. Related trainings will also be offered around diligent family searches as well as how to engage those family members that are located in the search process. The guidance provided to localities will state that in 2011, after all have received training, the Family Partnership meetings should become standard practice at all decision points outlined in guidance.

The second objective for this strategy is to “Increase timeliness and discharges to adoption”. There are several strategies that fall under this objective. The first is a targeted approach to increasing adoptions across the state by utilizing existing adoption contracts. VDSS funds sixteen adoption contracts; thirteen are being revised to improve both timeliness to adoption and the quality of the work that is done to move a child towards that adoption outcome. Those contracts will be renegotiated effective July 1, 2010 and, through targeting specific children, will help to ensure that our timeliness to permanency numbers improve. Each contract now requires contractors to increase the number of children and families served by 25% over the previous year. VDSS has generated a list of children who have termination of parental rights on both parents, a goal of adoption, and are currently not placed in a finalized adoptive home. The list is categorized into two sub-sections. The first is children who have been in care less than 24 months and the second are children who have been in care more than 24 months. The list has been shared with local departments and the adoption contractors to ensure there is not duplication of efforts. This identification and monitoring of specific children for the local department and the contractors to focus on in the coming year is a new process for VDSS. Contractors will continue to provide recruitment, home studies, placement preparation, and post-placement services; the difference will be more specific recruitment for children on the lists cited previously. In order to be successful, all contractors are being asked to hone their family finding skills and training is being provided by VDSS in late summer 2010.

The second strategy under this objective is to revise the quarterly reports contractors submit to VDSS. Contractor reports, in addition to providing summary information about all activities related to the contract, will track specific children for which they are working to achieve a finalized adoption. The tracking will show how long and with what success each strategy is applied, allowing process outputs to be evaluated along with the final outcome. All contractors have been given a goal for a number of finalized adoptions in addition to any other services they are providing. The initiative will track the monthly status of the children and will provide quarterly reports on the success of the initiative to all local agencies and VDSS. In addition, VDSS has created a roles and responsibilities agreement form that will be signed by both the local department that has custody of the child and the adoption contractor that is tasked with helping the child reach permanence; additionally a VDSS representative will sign the agreement. The third strategy is to provide training on child specific, targeted recruitment to local departments and adoption contractors. This training will be contracted out and will be responsive to indicated needs from both the LDSS and contractors. The last two strategies are focused on rewriting the adoption grants. Using information taken from the quarterly reports and feedback from the contractors as well as the LDSS, the RFP to be issued in early 2011 will be re-crafted to achieve desired outcomes for children awaiting adoptions.

The next objective highlights the partnership with the Court Improvement Program (CIP). VDSS will “Collaborate with CIP to promote child welfare outcomes.” Virginia’s CIP has been an active partner during this review process and throughout the Transformation. In addition to highlighting Transformation initiatives at the Best Practice Court Conferences and trainings, CIP is willing to partner on trainings that emphasize the need to provide notice of hearings to caregivers and provide caregivers the opportunity to be heard during court hearings. In addition, there is a third strategy that will utilize the adoption progress report in collaboration with CIP to increase the timeliness to adoption. The adoption progress report is filed by the local department with the courts until an adoption is finalized and should reflect any progress made. There will be a workgroup created to review the current adoption progress report and make changes if necessary. The partnership with CIP will reinforce the need for judges to critically examine these reports and hold local departments accountable for progress made.

The next objective is to “Implement Custody Assistance (Subsidized Custody) as a placement option for children in foster care.” A workgroup was formed to examine the issue and recommended implementing Custody Assistance as a permanency option for children in foster care who cannot be reunified with the family from which they were removed and when adoption has been ruled out. Custody Assistance will be open for those children in the appropriate placement regardless of their funding source [i.e., federal Title IV-E or Comprehensive Service Act (CSA) state and local funds]. It was determined by the DFS policy team in consultation with the Office of the Attorney General that legislation is not required, since Custody Assistance is not a foster care goal or a new program. It is a way to assist (subsidize) the placement with a relative foster parent who qualifies to take custody of the foster child.

The work group concluded that the Custody Assistance option has the potential to achieve the following outcomes statewide: increase the number of children who exit foster care and enter permanent placement arrangements; decrease the number of children who age out of foster care without connections to a permanent family; protect children from subsequent abuse or neglect. The work group has refocused their efforts and is currently working toward implementing Custody Assistance as an option for children with the goal of placement with relative. The work group is currently drafting guidance that will include a definition of relative, clarify Virginia’s application of permanency goals and certain payment issues, and will establish a post custody review procedure among other things. VDSS will explore updates to the case management system to accurately capture all aspects of Custody Assistance. VDSS is committed to training staff, resource families, and judges and attorneys. Finally, working in conjunction with the VDSS research department, an evaluation plan will be developed and baseline data will be captured.

Primary Strategy 2: Improve Assessment and Service Planning

Goal: Appropriately assess safety, risk, and the needs of children and families in order to provide high quality, timely, efficient, and effective services.

Primary Strategy 2 focuses on assessment of initial safety and risk, improving local department staffs’ abilities to improve response times to CPS reports, conduct service needs assessments, and improve service planning across the child welfare continuum. The objectives for this primary strategy specifically reflect the key concerns noted in the 2009 Child and Family Services Review with regard to on-going risk and safety assessments of children and the lack of adequate assessment of and services provided to meet the needs of families in both CPS in-home and Foster Care placement cases.

The first objective is to “Improve local department staffs’ abilities to assess initial safety and risk.” Strategies to accomplish this goal include revising CPS guidance to include tools to improve response time to CPS reports, to develop a policy on face to face contact with victims, and to provide safety and risk assessment tools for more accurately and consistently assessing initial child safety and risk including factors such as domestic violence, mental health issues, and substance abuse. After the first round of the CFSR, Virginia piloted Structured Decision Making (SDM) in 30 agencies. SDM has not been implemented statewide due to resource issues. However, the Department is committed to implementing specific safety and risk assessment tools and we consider the SDM tools the best tools available in achieving a uniform statewide process for assessing safety and risk. The use of standard tools should bring a greater degree of consistency, objectivity, and validity to child welfare decisions and help CPS units focus their limited resources on cases at the highest level of risk and need. Training will be offered and the Quality Service Review Team will determine the extent to which initial safety and risk assessments are being completed correctly and within the required timeframes. In addition, there

is a strategy to identify and implement tools for local staff to use in assessing safety, domestic violence, substance abuse, and mental health issues present in relative and other caregiver families.

The second objective for this primary strategy is to “Improve local department staffs’ abilities to conduct service needs assessments and develop relevant service plans.” There are three strategies for meeting this objective. Strategy one will revise the CPS policy/guidance manual to provide tools to support on-going assessment, risk reassessment and services planning for children and families service needs. The SDM Family Strengths and Needs Assessment Tool is being considered as the possible tool. The second strategy is to select and implement specific tools to guide service workers in conducting child and family needs assessment and risk assessment prior to reunification and incorporate these tools in to foster care guidance. There is currently no standardized tool used to enable local agencies to more accurately identify and address issues related to the risk of reunification. The final strategy requires the Department to develop requirements for a redesign of the service assessment and service planning screens in Online Automated Services Information System (OASIS). These system updates will improve local department staff’s ability to develop service plans that are responsive to a comprehensive assessment of children’s, families’, and providers’ needs. While it will not be possible to make the changes to OASIS during the two years of the PIP, it is expected that decisions around assessment tools and service plans will be made and that the requirements for the redesign of the computer system will be accomplished.

Primary Strategy 3: Reengineer Competency Based Training System

Goal: Establish a locally responsive training infrastructure that includes timely initial training and appropriate ongoing training for child welfare staff and pre-service and in-service training for resource parents.

Child welfare training is being delivered across the state through collaboration between the Virginia Institute for Social Services Training Activities at Virginia Commonwealth University (VCU-VISSTA), the five Area Training Centers (ATCs) and the Virginia Department of Social Services (VDSS). During the early years of VCU-VISSTA, successful efforts were made to develop and maintain a process for the deliberate engagement of local agencies through the ATCs and other representative stakeholders on a statewide steering committee. Over time, however, as staff, priorities and resources changed, so did the training system. To reengineer a competency based training system, the work over the next two years will make training more effective and responsive to individual, local, and statewide needs and will ensure that training sets the practice standards by aligning with the Virginia Children’s Services Practice Model.

To reestablish a locally-responsive training infrastructure, a steering committee has been established as the mechanism to drive change. The Virginia Child Welfare Training Steering Committee meets on a monthly basis and is made up of representatives from VDSS, VCU-VISSTA, ATCs, Local Department of Social Services (LDSS), the Virginia League of Social Service Executives (VLSSE), and the Virginia Alliance of Social Work Practitioners (VASWP). The Steering Committee works to coordinate and manage the activities and developmental aspects of the training system. With the ATCs, along with representatives from LDSS, VLSSE, and VASWP, decisions about training system management will be informed by the needs of local workers. In addition, the role of the ATCs will change in order to give them greater ability to engage, train, and evaluate the needs of training constituents. The Steering Committee is primarily responsible for:

- Setting priorities for child welfare training including the establishment of training requirements for front-line and supervisory staff;
- Establishing core competencies and core curricula, aligned with Virginia’s Children’s Services Practice Model, for all targeted job functions that will support assessed needs as well as broaden the base of knowledge and skills for all child welfare staff;
- Ensuring ongoing training opportunities for experienced staff and supervisors to enhance managerial skills in the work force and to facilitate transfer of learning;
- Establishing a process and standards for identification of subject matter experts to develop and deliver workshops for in-service trainings based on regionally assessed needs;
- Assessing and evaluating the training system to address both individual and system needs;
- Ensuring the delivery of pre-service and in-service training for resource families.

In addition to the Steering Committee, there are several subcommittees that have formed to address different aspects of the reengineering process. Since subcommittees are made up of various representatives in addition to those who participate on the Steering Committee, there are ongoing opportunities to engage LDSS, particularly supervisors. Since getting input from LDSS is an essential step to ensuring that the training infrastructure is truly responsive to local needs, the roles of the ATCs will expand and evolve in order to better develop, deliver, and evaluate training based on input from local child welfare staff and supervisors. ATCs will meet regularly with LDSS, gather information to identify training needs, solicit information from LDSS about emerging practice needs, and work to facilitate transfer of learning activities to benefit LDSS staff.

The objectives for this primary strategy are focused on the stages of reengineering the training system. The first objective is to review and enhance training requirements. The second objective is to ensure ongoing training. The third objective is to assess and evaluate the training system in order to continue to refine it as needed. The fourth objective is focused on training of resources families – which includes foster, adoptive, resource, and kinship caregivers. Significant changes have begun with resource family training. In September 2009 a mandate for training went into effect, requiring both pre- and in-service for foster, adoptive, respite, and resource families. The infrastructure of family training includes locality-based work to create capacity and assess need; direct training for families, particularly in those areas where resources for training are lacking; and an integration of key social work practices, such as engaging families, honoring children's connections, working as a member of the child welfare team, and Virginia's Children's Services Practice Model.

While the training system will not be completely reengineered within the PIP timeframes, it will have a strong foundation established for workers, supervisors, and resource families.

Primary Strategy 4: Managing by Data and Quality Assurance

Goal: Create a performance management system that utilizes data to inform management, improve practice, measure effectiveness and guide policy decisions.

Using the right data to manage performance is a key driver of the Transformation as well as this PIP. The Outcomes Based Reporting and Analysis Unit (OBRA) has developed a consistent process for capturing and using data to support decision-making, improve the quality of practice, and promote accountability. The first objective for this primary strategy is to “Increase use of data driven decision making in Virginia’s child welfare system.” The division has created TOP, or

Translating Outcomes to Practice, to routinely examine data to determine both best practices and opportunities for improvement across program areas at the state level. The TOP meetings ensure DFS has internal accountability processes. TOP findings encourage formulation of Process Improvement Teams (PIT) which examines our internal processes only. In other words, the purpose is to determine what VDSS can do internally to positively affect its child welfare outcomes. Currently there is a regional representative on the workgroup.

State and local DSS workers currently have access to two reporting tools: SafeMeasures and the Virginia Child Welfare Outcomes Reporting Utility (VCWOR). SafeMeasures is a web service that takes data extracts from OASIS twice each week and arranges the data into reports that highlight Children's Services Transformation outcomes and other measures that are important to improving practice at the local level. SafeMeasures is a response to long-standing LDSS requests for greater access to the data that they record in OASIS. The VCWOR is a utility that provides reporting ability for Foster Care and Adoption. The majority of the reports are drawn from the AFCARS Federal Fiscal Year files. This utility can produce Federal Permanency Profiles, CFSR composite measures, Transformation outcomes, and other reports. The PIP strategy utilizing these tools is focusing on making sure workers and supervisors understand and use SafeMeasures and the VCWOR as part of their own efforts to improve quality and performance. DFS is encouraged about the future funding of SafeMeasures but must face the reality that funding cuts are a possibility. In the event that funding is unavailable DFS plans to continue pushing the Virginia Child Welfare Outcome Reports (VCWOR) as a tool to glean child detailed data. Trainings are currently schedule for summer 2010.

DFS routinely monitors many process and outcome measures. In its brief existence, OBRA has seen that publishing data is the quickest way toward improving performance. Processes such as TOP and Quality Service Review (QSR) coupled with routine data analysis should positively impact performance. The OBRA unit receives feedback from workers at the local level in several ways. Pre and post tests are conducted during every training session, with the results used to help guide development of future trainings. The Managing by Data Workgroup serves as the local advisory team to OBRA as well as the project management team for SafeMeasures. The workgroup has representatives from 15 LDSS from across the state and from both large and small departments.

The third strategy under this objective is to "Improve programmatic performance by monitoring process and outcome data." The reports created by this strategy are linked to permanency and well being outcomes. OBRA has begun publishing the Critical Outcomes Report (COR) as its primary tool for performance management monitoring. The COR features multiple tabs reporting on a variety of outcomes including Transformation, CFSR, and CPS measures and measures each locality against a performance standard for each outcome. The report summarizes the number of outcomes each agency reaches or exceeds the standard. This data is then charted, graphed and published at the front of the report. Additional OBRA reports such as the "At-Risk of Aging out Report" and others will be used to further provide data to program and regional staff as to why some agencies have varying performance. The Family Partnership report will monitor discharges to permanency and community placements. The report will be used to target localities that may need additional technical assistance to support family engagement practice. It is expected that technical assistance and training will be targeted at those local departments that are having challenges with implementation or identified areas such as involving both maternal and paternal relatives in Family Partnership Meetings or not engaging certain populations (i.e. mental health, substance abusers). The Regional Consultants will be highlighting information from the report in quarterly supervisor meetings. The last report is focused on worker visits with the child, siblings, parents, and foster parents, and is in direct response to the key findings from the review.

The remaining strategies address safety issues. One report to be created will be generated by locality on face to face contact with victims and disseminated on a monthly basis. Virginia will implement the SDM decision tree tools and intake document to be used for more accurately determining response times to CPS reports. Once those tools are implemented, the current report on the timeliness of initiating a response to a CPS report will be revised. The next strategy will develop a method to track recurrence in the Family Assessment Track. The CPS guidance/policy manual will be revised to include additional tools and reports. There will be trainings offered on all new reports and guidance.

One of the key findings related to the Statewide Information Systemic Factor is related to concerns regarding the accuracy of the data in OASIS at any given time, particularly data pertaining to the location of children’s placements. Virginia has recently updated policy that allowed a 30-day period for entering or updating information in OASIS. There is now a five day period to update information on the Placement Screen in OASIS that went into effect on March 1, 2010.

The second objective for primary strategy four is to “Develop a comprehensive quality assurance system that measures child status and system performance indicators.” Virginia is transitioning towards use of the Quality Service Review (QSR) as a system improvement tool for aligning the quality of service delivery with the Virginia Children’s Services Practice Model to promote better outcomes in child welfare. Virginia has been utilizing the CFSR instrument over the past few years to measure the quality of compliance with the CFSR outcome standards. The QSR instrument to be developed will operationalize the Virginia Children’s Services Practice Model to measure outcomes of the initiatives implemented.

Development and implementation of the QSR instrument will begin in the first quarter of the PIP. This process will be assisted and supported through a contract with Child Welfare Policy and Practice Group (CWPPG) and Human Systems and Outcomes (HSO). An instrument will be developed specific to the Virginia Children’s Services Practice Model also addressing safety, permanency, and well-being. A group of Virginia Department of Social Services staff, local staff, community partners and stakeholders will be included in a 2.5 day meeting to develop the instrument. The instrument will include child and family status issues and system performance issues in various categories. Working with HSO to develop the instrument, we will include initiatives in development including Family Partnership, risk and safety assessments and the delivery of services to children and families. The instrument will then be piloted in one local department of social services and then reviewed and revised by the stakeholder group to develop a final instrument.

QSR uses a six point scale to measure the indicators included in the protocol thus creating a numeric measurement for the qualitative review. Each indicator is scored as follows:

6	Optimal	Maintenance Zone
5	Substantially Acceptable	
4	Minimally Acceptable	Refinement Zone
3	Partially Unacceptable	
2	Substantially Unacceptable	Improvement Zone
1	Completely Unacceptable	

Each QSR will produce a numeric and qualitative report for the local department reviewed and provide a foundation for the System Improvement process for each department.

Training for Virginia professionals in the use of this instrument and the scoring matrix QSR will take place in January and June 2011. Professionals from CWPPG will be paired with Virginia professionals in review teams after the training the first two rounds of reviews. In this way we will develop a cadre of Virginia professionals to conduct reviews. An additional benefit to this process of training peer reviewers is often the development of quality practice and standards in the local departments from which we will draw the peer reviewers. This results in an additional internal capacity for evaluating quality practice standards.

Implementation and Measurement

The PIP is designed to be implemented over a two-year period. The primary strategies were developed to address the key concerns identified through the state self-assessment process and the on-site review. Work on many of the strategies in this PIP has already begun and may be finished within the PIP timeframe. Other initiatives will begin during the timeframe and not reach a conclusion during the two year period.

The data and measurement plan will be developed in conjunction with the Children's Bureau Regional Office during the implementation phase for the PIP. Virginia will establish agreed upon measures of improvement within the first quarter for the following CFSR items: 1, 3, 4, 7, 10, 17, 18, 19, & 20. Because the PIP period and full implementation of QSR may not coincide, Virginia will utilize the current cases reviewed by the Continuous Quality Improvement Unit for baseline measurement of quality for eight of the CFSR items. Any items that must be continually measured during the PIP will be incorporated into a mini CFSR instrument to be included as a supplement to the QSR. The mini CFSR instrument will be used to review cases from other localities that are not currently scheduled for a QSR as well. In this way we will advance our review of the quality of practice with the QSR and continue to monitor outcomes based on the CFSR instrument.

Primary Strategies	Key Concerns	Technical Assistance Resources
<p>1. Engage Families Across the Continuum of Child Welfare</p> <p>Goal: Ensure children, youth and parental input is heard and considered in the decision-making processes regarding safety, permanency, well-being, and service planning and placement decisions.</p> <p><u>Objectives:</u></p> <p>1. Utilize Family Partnership meetings as a way to involve families, youth, and significant others</p> <p>2. Increase timeliness and discharges to adoption</p> <p>3. Collaborate with CIP to promote child welfare outcomes</p> <p>4. Implement Custody Assistance as a placement option for children in foster care</p>	<ul style="list-style-type: none"> • The child’s permanency goal was either not appropriate or not established in a timely manner. • There was a lack of concerted effort to achieve reunification with parents or relatives in a timely manner. • There were agency delays in achieving adoptions in a timely manner as well as seeking TPR in accordance with the requirements of ASFA • The frequency and quality of visitation between children in foster care and their parents and siblings were insufficient to meet the needs of the children and families. • The agency had not made concerted efforts to search for either maternal or paternal relatives as potential placement resources. • The agency had not made concerted efforts to support the child’s relationship with the mother or father while the child was in foster care. • The agency did not make concerted efforts to involve children, mothers, and fathers in case planning in both the foster care and in-home services cases. • The frequency and quality of caseworker visits with children, particularly children in the in-home services cases, were not sufficient to ensure the child’s safety and well-being. • The frequency and quality of caseworker visits with parents were not sufficient to monitor the safety and well-being of the child or promote attainment of case goals. • Parents are not consistently involved in the development of case plans. • Notifying caregivers about hearings and reviews involving the children in their care is not occurring consistently across the State, and caregivers are not consistently given opportunities to be heard in these reviews and hearings. 	<ul style="list-style-type: none"> • NRC Youth Development • NRC Organizational Improvement • NRC Resource Family Recruitment and Retention • TA – Casey/Denise Goodman • NRC Family Centered Practice and Permanency Planning

Primary Strategies	Key Concerns	Technical Assistance Resources
	<ul style="list-style-type: none"> Although the State has a policy requiring that reviews of the status of all children in foster care be held at least every 6 months, State policy does not require that the initial review be held less than 6 months from the date of the child’s entry into foster care, even when “date of entry” is considered to be 60 days from the time of the child’s removal from home. 	
<p>2. Improve Assessment and Service Delivery</p> <p>Goal: Appropriately assess safety, risk, and the needs of children and families in order to provide high quality, timely, efficient, and effective services.</p> <p><u>Objectives:</u></p> <p>1. Improve local department staffs’ abilities to assess initial and ongoing safety and risk assessments</p> <p>2. Improve local department staffs’ abilities to conduct service needs assessments</p>	<ul style="list-style-type: none"> Not consistent in initiating a response to a maltreatment report within the timeframes established by State policy, even when the reports were prioritized as high risk Lack of State time requirements for establishing face-to-face contact with the children reported as the alleged victims of maltreatment Children remaining in their own homes continued to be at risk either because services were not provided, or the services that were provided did not target the key safety concerns. There was a lack of initial and ongoing safety and risk assessments. The agency did not make concerted efforts to assess and address the service needs of mothers and/or fathers in both the foster care and in-home services cases. For in-home services cases, educational and mental health needs were not assessed or addressed There is a scarcity of key services, such as mental health and substance abuse treatment services 	<ul style="list-style-type: none"> NRC – Child Abuse and Neglect NRC – Permanency Planning Children’s Research Center NRC – In Home Services
<p>3. Reengineer Competency Based Training System</p> <p>Goal: Improve training and supervision in order to serve children and families through high quality, timely, efficient, and effective services</p>	<ul style="list-style-type: none"> The State’s training requirements are not consistently and fully implemented, and there is no process in place for determining whether all staff has been trained or whether training results in gains in knowledge or skills. The State’s training requirements for new caseworkers include courses that are critical to effective functioning, yet the caseworkers have 1 year to complete the required courses. 	<ul style="list-style-type: none"> Institute for Human Services

Primary Strategies	Key Concerns	Technical Assistance Resources
<p><u>Objectives:</u></p> <ol style="list-style-type: none"> 1. Establish training requirements for front-line and supervisory staff that align with child welfare competencies 2. Ensure ongoing training opportunities for experienced staff 3. Assess and evaluate training system in order to address both individual and system needs 4. Ensure delivery of state-approved pre-service and in-service training for resource, foster, and adoptive parents 	<ul style="list-style-type: none"> • The State has no requirements for ongoing training for caseworkers and supervisors, and opportunities for ongoing training are not consistently available across the State. • Although the State mandates training for staff of licensed child care facilities, at the time of the 2009 CFSR there was no mandated pre-service or ongoing training for foster and adoptive parents. • At the time of the Onsite Review, the standards for approval of foster family homes did not include essential requirements such as foster parent training. 	
<p>4. Managing by Data and Quality Assurance</p> <p>Goal: Create a performance management system that utilizes data to inform management, improve practice, measure effectiveness and guide policy decisions</p> <p><u>Objectives:</u></p> <ol style="list-style-type: none"> 1. Increase use of data driven decision making in Virginia’s child welfare system. 2. Develop a comprehensive quality assurance system that measures child status and system performance indicators. 	<ul style="list-style-type: none"> • Concerns regarding the accuracy of the data in OASIS at any given time, particularly data pertaining to the location of children’s placements (policy that allows a 30-day period for entering or updating information in OASIS) • Although the State has piloted a QA process, it is not yet operating a fully functioning QA system that evaluates the quality of services and program improvement measures that have been implemented. 	<ul style="list-style-type: none"> • Child Welfare Policy and Practice Group (CWPPG) • Human Systems and Outcomes • Children’s Research Center

Primary Strategy 1: Engage Families Across the Continuum of Child Welfare					
Goal: Ensure children, youth and parental input is heard and considered in the decision-making processes regarding safety, permanency, well-being, and service planning and placement decisions.					
Objective	Strategy	Evidence of Completion	Deadline	Responsible Person	Status
1. Utilize Family Partnership meetings as a way to involve families, youth, and significant others CFSR items addressed: 3, 6, 7, 8, 9, 10, 13, 14, 15, 16, 17, 18	1.1 Develop Family Partnership resources and tool kit for service providers, relevant family service contractors, and LDSS to share with families a. Post local and national sample documents such as brochures, forms, contact information b. Post family engagement guidance	1.1 a. website and links for information 1.1 b. family engagement guidance, informational broadcast, and link	1.1 Q 2 (all)	Family Engagement Manager	
	1.2 Train LDSS workers and members of the bar on Virginia’s Family Engagement Model including Family Partnership meetings, Diligent Family Search and Engagement. a. Develop curricula, in conjunction with VISSTA, based on FEM guidance b. Develop training phases for LDSS and determine which localities will be trained in which phase	1.2 a training curriculum 1.2 b. list of phases and participating localities, number attending trainings	1.2 Q 5 (all)	Family Engagement Manager	

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Objective	Strategy	Evidence of Completion	Deadline	Responsible Person	Status
	c. Schedule training for members of the bar d. Evaluate trainings 1.3. Revise CPS and Foster Care guidance manuals to support family engagement philosophy and partnership meetings. a. Review Family Engagement guidance b. Review current program guidance to identify key decision points c. Obtain input from the Permanency Advisory Committee and the Child Protective Services Advisory Committee d. Coordinate language across CPS and foster care programs and incorporate consistent language in the respective guidance manuals	1.2 c. training schedule , number attending trainings 1.2 d. evaluation results 1.3 dissemination of guidance manuals 1.3 a. and b summary of reviews 1.3 c. agenda and minutes from PAC and CPS Advisory committee 1.3 d. CPS and foster care guidance manuals	1.3 Q 1 (all)	CPS policy specialist, Permanency policy specialist	

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Objective	Strategy	Evidence of Completion	Deadline	Responsible Person	Status
	<p>e. disseminate guidance in CPS and foster care manuals</p> <p>1.4. Increase the number of family partnership meetings</p> <p>a. Set the expectation that each locality within the state will implement Family Partnership Meetings at at least one decision point by the end of the calendar year 2010</p> <p>b. Review the Family Partnership report to inform technical assistance needs</p> <p>c. Provide technical assistance through Regional Consultants</p>	<p>1.3 e. broadcast about dissemination and manuals</p> <p>1.4 a. through Family Partnership report, show localities are holding meetings</p> <p>1.4 b. and c. technical assistance documented by Regional consultants; additional trainings scheduled; # attending trainings</p>	<p>1.4 beginning Q 2 and ongoing</p>	<p>Family Engagement Manager</p> <p>Family Engagement Manager, Regional Consultants</p>	
	<p>1.5 CIP to fund facilitation of 20 family partnership meetings at 5 pilot LDSS</p> <p>a. RFA developed in conjunction with CIP and Family Engagement Manager and sent to all local departments</p>	<p>1.5 a. RFA and broadcast</p>	<p>1.5 a. Q 1</p>	<p>Family Engagement Manager</p>	

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Objective	Strategy	Evidence of Completion	Deadline	Responsible Person	Status
	b. Selected localities will be notified and included in a pilot project for Family Partnership training c. Judges from the pilot site localities will be trained on Family Partnership meetings d. Develop a process for formally notifying the Court about the outcome of the family partnership meeting.	1.5 b. training roster 1.5 c. training curriculum, # attending training 1.5 d Family Partnership report for courts	1.5 b. Q 1 1.5c. Q 1 1.5 d. Q 3	CIP staff	
2. Increase timeliness and discharges to permanency CFSR items addressed: 9	2.1. Target children who have the goal of adoption, with TPR who are not in adoptive placements to achieve permanence. a. Generate list of children with TPR who are not in a pre-adoptive placement b. Send the list of children to LDSS to find out if there is any progress towards adoption c. Revise the list of children and share with contractors d. Meet with contractors to inform them about changes to	2.1 a list of children 2.1 b responses from LDSS 2.1 c revised list and distribution list for dissemination 2.1 d meeting agenda	2.1 a. Q 1 2.1 b. Q 1 2.1 c. Q 1 2.1 d. Q 1	Adoption Supervisor	

Primary Strategy 1: Engage Families Across the Continuum of Child Welfare					
Goal: Ensure children, youth and parental input is heard and considered in the decision-making processes regarding safety, permanency, well-being, and service planning and placement decisions.					
Objective	Strategy	Evidence of Completion	Deadline	Responsible Person	Status
	<p>the renewal process</p> <p>e. Revise current adoption contracts so that contractors will be required to increase the number of children and families served by 25% over previous year</p> <p>f. Revise current adoption contracts so that contractors use child specific targeted recruitment</p> <p>g. Hold regional meetings to inform local departments about contract changes & negotiate agreements with contractors</p> <p>2.2 Revise current contractor reports</p> <p>a. Process measures incorporated into reports</p> <p>b. Reformat reports to include all contacts with child and family</p> <p>c. Create roles and responsibilities agreement form for LDSS and contractors</p>	<p>and minutes</p> <p>2.1 e. revised contracts</p> <p>2.1 f. revised contracts</p> <p>2.1 g meeting agenda and minutes</p> <p>2.2 a. revised quarterly reports</p> <p>2.2 b. revised quarterly reports</p> <p>2.2 c roles and responsibilities form</p>	<p>2.1 e. Q 1</p> <p>2.1 f Q 1</p> <p>2.1 g. Q 1</p> <p>2.2 a. Q 1</p> <p>2.2 b. Q 1, Q 2, Q 3</p> <p>2.2 c. Q 1</p>	<p>Adoption supervisor</p>	

Primary Strategy 1: Engage Families Across the Continuum of Child Welfare					
Goal: Ensure children, youth and parental input is heard and considered in the decision-making processes regarding safety, permanency, well-being, and service planning and placement decisions.					
Objective	Strategy	Evidence of Completion	Deadline	Responsible Person	Status
	<p>2.3 Provide training on child specific, targeted recruitment a. Gather input from LDSS and contractors on training needs b. Review quarterly reports to determine training needs c. Contract for training d. Provide training</p> <p>2.4 Analyze information gathered during contract year a. Compile and review data from contractor reports b. Solicit and discuss feedback from contractors about what is working, barriers, etc c. Solicit and discuss feedback from participating ldss</p> <p>2.5 Using data gathered from quarterly reports, revise upcoming RFP for new adoption contracts a. Highlight positive approaches from contractors and share with</p>	<p>signed forms</p> <p>2.3 a. and b list of training needs 2.3 c. contract for training 2.3 d. training schedule training curriculum, # attending training</p> <p>2.4a summary of reporting data 2.4b summary of feedback from contractors 2.4c summary of data from LDSS</p> <p>2.5 a. new RFP</p>	<p>2.3 Q 1 (all)</p> <p>2.4 Q 2 (all)</p> <p>2.5 Q 2 (all)</p>	<p>Adoption supervisor</p> <p>Adoption supervisor</p> <p>Adoption supervisor</p>	

Primary Strategy 1: Engage Families Across the Continuum of Child Welfare					
Goal: Ensure children, youth and parental input is heard and considered in the decision-making processes regarding safety, permanency, well-being, and service planning and placement decisions.					
Objective	Strategy	Evidence of Completion	Deadline	Responsible Person	Status
	others b. Working with advisory committee to make decisions about how to achieve desired outcomes for children awaiting adoption and design RFP accordingly	2.5 b. document complying approaches			
3. Collaborate with CIP to promote child welfare outcomes CFSR items addressed: 9, 29	3.1 Reevaluate the Adoption Progress Report in collaboration with CIP for LDSS and the Court to better utilize the report a. Create a collaborative work group to review the report and make any necessary changes b. Incorporate revised report into guidance c. Train staff on use of the report d. Train court personnel on use of the report 3.2 Provide training around notice of hearing and right to be heard a. Include in available	3.1 a. revised report 3.1 b revised guidance 3.1 c and d Curriculum for trainings for foster care, adoption workers, and judges, # attending trainings	3.1 a Q 4 3.1 b Q 5 3.1 c and d Q 6	Adoption supervisor, Permanency Program Manager, CIP staff	

Primary Strategy 1: Engage Families Across the Continuum of Child Welfare					
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Objective	Strategy	Evidence of Completion	Deadline	Responsible Person	Status
	<p>educational forums as a training topic for new juvenile and domestic relations district court judges and new clerks' office staff the provisions of law related to notice of court hearings for caregivers in child dependency cases and the supportive court documentation to accomplish this notice.</p> <p>b. Include in available educational forums as a training topic for juvenile and domestic relations district court judges, guardians ad litem for children, counsel for parents and counsel for LDSS the importance of providing caregivers with a right to be heard in case review proceedings held with respect to foster children and the circumstances under which this right is to be accorded.</p>	3.2 a and b training agendas and materials, # attending trainings	3.2 a and b Q 4	Permanency Program Manager, Permanency policy specialist CIP staff	

Primary Strategy 1: Engage Families Across the Continuum of Child Welfare					
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Objective	Strategy	Evidence of Completion	Deadline	Responsible Person	Status
<p>4. Implement Custody Assistance as a permanency option for children in foster care</p> <p>CFSR items addressed: 7, 8, 15</p>	<p>4.1. Develop guidance in foster care manual for Custody Assistance as one of two options for the foster care permanency goal of placement with relatives</p> <p>a. Workgroup formed b. Determine what sections of foster care manual will be amended c. Determine definition of relative d. Clarify the process of ruling out reunification and adoption as not appropriate for the child e. Clarify how the VEMAT will apply to relative assistance payments f. Develop tools for assessing families and children as appropriate for Custody Assistance g. Create guidance regarding all siblings qualifying for a subsidy h. develop post-custody review procedures</p>	<p>4.1 a work group roster 4.1 b Custody Assistance Guidance developed as an appendix to the foster care manual 4.1 c definition of relative in guidance 4.1 d. guidance to include directions for ruling out reunification and adoption 4.1 e. broadcast about VEMAT 4.1 f. copy of tools 4.1 g. guidance in foster care manual 4.1 h. procedures in guidance</p>	4.1 (all) Q 1	Permanency Program Manager, Permanency policy specialist, Family Stabilization supervisor	

Primary Strategy 1: Engage Families Across the Continuum of Child Welfare					
Goal: Ensure children, youth and parental input is heard and considered in the decision-making processes regarding safety, permanency, well-being, and service planning and placement decisions.					
Objective	Strategy	Evidence of Completion	Deadline	Responsible Person	Status
	<p>Work Group to determine requirements</p> <p>4.3 Examine and amend CPS guidance to determine revisions required to support Custody Assistance.</p> <p>a. With CPS policy person, draft guidance around identification and notification of relatives within 30 days of removal and the process to inform them of the right to participate in the care of the child</p> <p>b. Review guidance with CPS policy advisory team</p> <p>c. Disseminate guidance</p> <p>4.4 Develop training for workers on the appropriate use of Custody Assistance as an option under the goal of Placement with Relatives</p> <p>a. Provide Custody Assistance policy and procedures to VISSTA to incorporate into new worker</p>	<p>OASIS changes</p> <p>4.3 a. and c revised CPS guidance</p> <p>4.3 b. agenda and minutes of policy advisory meeting</p> <p>4.3 c. broadcast on dissemination of guidance</p> <p>4.4 a. curriculum, training schedule, and participants</p>	<p>4.3 a Q 2</p> <p>4.3 b Q 2</p> <p>4.3 c Q 3</p> <p>4.4 a Q 3</p>	<p>supervisor</p> <p>Permanency Program Manager, CPS policy specialist, CPS and Permanency Regional Consultants</p> <p>Permanency Program Manager</p>	

Primary Strategy 1: Engage Families Across the Continuum of Child Welfare					
Goal: Ensure children, youth and parental input is heard and considered in the decision-making processes regarding safety, permanency, well-being, and service planning and placement decisions.					
Objective	Strategy	Evidence of Completion	Deadline	Responsible Person	Status
	<p>policy training for both CPS and Foster Care workers</p> <p>b. Provide Foster Care Guidance Transmittal Training including Custody Assistance procedures to local social worker coordinators and staff</p> <p>c. Work with NRC for Permanency and Family Connections to plan and conduct skills training on assessment and preparation of relatives for taking custody of kin for local staff</p> <p>d. Provide Child Welfare Training committee a training curriculum, consistent with the NRC skill training on assessment and preparation of relatives, to incorporate into the array of competency based courses</p> <p>4.5 Educate and inform judges and attorneys on Custody Assistance in collaboration with Court Improvement Program.</p>	<p>4.4 b. agendas and minutes from regional meetings</p> <p>4.4 c. curriculum, training schedules</p> <p>4.4 d. curriculum</p>	<p>4.4 b. Q 3</p> <p>4.4 c. Q 5</p> <p>4.4 d. Q 6</p>	<p>Permanency Regional Consultants</p> <p>Family Stabilization supervisor, Family Placement manager</p> <p>Family Stabilization supervisor, Family Placement manager</p> <p>Permanency Program</p>	

Primary Strategy 1: Engage Families Across the Continuum of Child Welfare					
Goal: Ensure children, youth and parental input is heard and considered in the decision-making processes regarding safety, permanency, well-being, and service planning and placement decisions.					
Objective	Strategy	Evidence of Completion	Deadline	Responsible Person	Status
	a. Provide Foster Care guidance on Custody Assistance to support development by CIP of curriculum to train judges b. Meet with CIP staff to discuss CIP training schedule and determine options for training judges c. Provide training in conjunction with CIP 4.6 Develop evaluation plan in conjunction with VDSS research department a. Identify variables to be tracked b. Determine methods of evaluation (i.e. surveys, interviews, etc) c. Set baselines	4.5 a. notification that guidance was shared 4.5 b. training plan for judges 4.5 c. curriculum and training schedule 4.6 .a identified variables that will be measured/tracked; 4.6 b. survey created to capture baseline information 4.6 c. baselines	4.5 a. Q 2 4.5 b Q 3 4.5 c Q 4 4.6 a Q 3 4.6 b Q 4 4.6 c Q 5	Manager, CIP staff Family Stabilization supervisor	

Primary Strategy 2: Improve Assessment and Service Planning					
Goal: Appropriately assess safety, risk, and the needs of children and families in order to provide high quality, timely, efficient, and effective services.					

Objective	Strategy	Evidence of Completion	Deadline	Person Responsible	Status
<p>1. Improve local department staffs' abilities to assess initial safety and risk</p> <p>CFSR items addressed: 1, 2, 3, 4</p>	<p>1.1 Develop and/or revise and implement tools to improve local staffs' ability to improve response times to CPS reports</p> <p>a. Review SDM intake tools to ensure consistency with VA regulations and guidance</p> <p>b. Develop policy on timeframes for face to face contact with victims</p> <p>c. Obtain input from CPS policy advisory committee</p> <p>d. Incorporate intake tools in guidance manual</p> <p>e. Disseminate manual</p> <p>1.2 Revise CPS guidance manual to include tools on how to more accurately and consistently assess initial child safety and risk including factors such as domestic violence, mental health issues, and substance abuse.</p> <p>a. Review SDM safety and risk assessment tools to ensure consistency with VA regulations and guidance</p> <p>b. Obtain input from the CPS</p>	<p>1.1 a. revised guidance</p> <p>1.1 b. policy on contact</p> <p>1.1 c. policy advisory committee agenda and minutes</p> <p>1.1 d. revised guidance</p> <p>1.1 e. broadcast on updated manual</p> <p>1.2 a safety and risk assessment tools; write up of the review of tools; write up of any recommendations made</p>	<p>1.1 Q 3 (all)</p> <p>1.2 a. Q 3</p>	<p>CPS Program Manager, CPS policy specialist</p> <p>CPS Program Manager, CPS policy specialist, Office of Family Violence manager</p>	

Primary Strategy 2: Improve Assessment and Service Planning					
Goal: Appropriately assess safety, risk, and the needs of children and families in order to provide high quality, timely, efficient, and effective services.					
Objective	Strategy	Evidence of Completion	Deadline	Person Responsible	Status
<p>2. Improve local department staffs' abilities to conduct service needs assessments and develop relevant service plans.</p> <p>CFSR items addressed: 2, 3, 17, 21, 22, 23, 35</p>	<p>2.1 Revise CPS guidance manual to provide tools to support on-going assessment, risk reassessment and service planning for children and families' service needs</p> <p>a. Review SDM family strengths and needs assessment tools to ensure consistency with VA regulation and policy.</p> <p>b. Obtain input from the Child Protective Services Advisory Committee</p> <p>c. Revise on-going services section of CPS guidance to enhance and strengthen workers ability to assess and provide services to families</p> <p>2.2 Revise Foster Care Guidance to provide specific tools to guide service workers in conducting child and family needs assessment and risk assessment prior to reunification.</p>	<p>2.1 a. recommendations on tools</p> <p>2.1 b. meeting agenda/minutes and recommendations</p> <p>2.1 c. revised on - going services section of guidance</p>	<p>2.1 a Q 6</p> <p>2.1 b. Q 6</p> <p>2.1 c. Q 7</p>	<p>CPS Program Manager, CPS policy specialist</p> <p>Permanency Program Manager, Permanency policy specialist</p>	

Primary Strategy 2: Improve Assessment and Service Planning					
Goal: Appropriately assess safety, risk, and the needs of children and families in order to provide high quality, timely, efficient, and effective services.					
Objective	Strategy	Evidence of Completion	Deadline	Person Responsible	Status
	a. Create workgroup to review tools and recommend tools to be used. b. Obtain input from the Permanency Advisory Committee on recommended tools c. Incorporate tools into Foster Care Manual d. Disseminate guidance 2.3 Create requirements for OASIS screens to reflect new CPS and Foster Care service needs assessment and service plans a. Utilize workgroup to review OASIS screens and make recommendations for screen changes b. Outcome Based Reporting and Analysis Unit (OBRA) will review what is currently in	2.2.a. work group roster, meeting minutes and list of recommended tools 2.2.b. PAC minutes 2.2.c. revised Foster Care manual 2.2.d. transmittal broadcast disseminated to the field on revised guidance 2.3.a. List of recommended changes to OASIS screens 2.3.b. OBRA list of what is required to make requested	2.2.a. Q3 2.2.b. Q4 2.2.c. Q 4 2.2.d. Q4 2.3 a. Q 5 2.3. b. Q 5	OBRA manager, CPS Program Manager Permanency Program Manager, CPS policy specialist	

Primary Strategy 2: Improve Assessment and Service Planning					
Goal: Appropriately assess safety, risk, and the needs of children and families in order to provide high quality, timely, efficient, and effective services.					
Objective	Strategy	Evidence of Completion	Deadline	Person Responsible	Status
	<p>OASIS and the workgroup recommendations and determine if current screens can be modified or if new screens must be created</p> <p>c. OBRA and Family Services meet to develop requisition to present to the Managing by Data Work Group to approve screen changes.</p> <p>d. OBRA and Family Services meets with the Managing by Data Work group to prioritize timing for screen changes in OASIS</p>	<p>changes.</p> <p>2.3.c. Service Requisition for OASIS changes completed</p> <p>2.3.d. MBD prioritizes OASIS changes</p>	<p>2.3.c. Q6</p> <p>2.3 d. Q 6</p>		

Primary Strategy 3: Reengineer Competency Based Training System					
Goal 1: Establish a locally-responsive training infrastructure that includes timely initial training and appropriate on-going training for child welfare staff and pre-service and in-service training for resource parents.					
Objectives	Strategies	Evidence of Completion	Deadline	Responsible Person	Status
1. Establish training requirements for front-line and supervisory staff that align with child	<p>1.1. Establish sets of core competencies for child welfare supervisors</p> <p>a. Identify a point person(s) to lead establishment of core</p>	<p>1.1. core competencies are adopted for supervisors</p> <p>1.1 a. person(s) identified</p>	1.1. Q5 (all)	Training Manager, Steering Committee	

Primary Strategy 3: Reengineer Competency Based Training System					
Goal 1: Establish a locally-responsive training infrastructure that includes timely initial training and appropriate on-going training for child welfare staff and pre-service and in-service training for resource parents.					
Objectives	Strategies	Evidence of Completion	Deadline	Responsible Person	Status
welfare competencies CFSR items addressed: 32, 33,	competencies for child welfare supervisors b. Develop a process for establishment of competencies c. Identify a group of LDSS supervisors and managers to participate in process d. Collect and summarize feedback e. Present core competencies to Steering Committee for approval 1.2. Establish sets of core competencies for child welfare staff a. Identify a point person(s) to lead establishment of core competencies for child welfare staff b. Develop a process for establishment of competencies c. Identify a group of LDSS supervisors, managers, and	1.1 b. formalized process document 1.1 c. list of participants 1.1 d. summary of findings 1.1 e. steering committee minutes/agenda 1.2. core competencies are adopted for child welfare staff 1.2 a. person(s) identified 1.2 b. formalized process 1.2 c. list of participants	1.2. Q6 (all)		

Primary Strategy 3: Reengineer Competency Based Training System					
Goal 1: Establish a locally-responsive training infrastructure that includes timely initial training and appropriate on-going training for child welfare staff and pre-service and in-service training for resource parents.					
Objectives	Strategies	Evidence of Completion	Deadline	Responsible Person	Status
	<p>other identified LDSS staff to participate in process</p> <p>d. Collect and summarize feedback</p> <p>e. Present core competencies to Steering Committee for approval</p> <p>1.3. Guide the revision of existing curricula to reflect core competencies.</p> <p>a. Modify VCU-VISSTA contract language to include the development of curricula that will reflect core competencies</p> <p>b. Collaborate with VCU-VISSTA around the integration of core competencies into curricula through the Steering Committee</p> <p>1.4. Establish training requirements for child welfare workers and supervisors to reflect core</p>	<p>1.2 d. summary of findings</p> <p>1.2 e. steering committee minutes/agenda</p> <p>1.3. core courses that reflect core competencies are developed</p> <p>1.3 a. VCU-VISSTA contract language for FY 2011 and FY2012</p> <p>1.3 b. Curriculum development reports</p> <p>1.4. recommendations for revised guidance regarding requirements</p>	<p>1.3. Q6 (all)</p> <p>1.4. Q7 (all)</p>		

Primary Strategy 3: Reengineer Competency Based Training System					
Goal 1: Establish a locally-responsive training infrastructure that includes timely initial training and appropriate on-going training for child welfare staff and pre-service and in-service training for resource parents.					
Objectives	Strategies	Evidence of Completion	Deadline	Responsible Person	Status
	<p>curriculum</p> <p>a. Develop a process to reevaluate training requirements through the Steering Committee once core curriculum is finalized</p> <p>b. Develop recommendations for new training requirements</p> <p>c. Present recommendations to Steering Committee for approval</p> <p>1.5. Establish standards for completion time frames for required initial in-service training</p> <p>a. Develop a process to reevaluate standards for timeliness of completion for initial in-service training through the Steering Committee once core competencies are finalized</p> <p>b. Develop recommendations for timeframes</p> <p>c. Present recommendations</p>	<p>1.4 a. work group agendas and meeting minutes</p> <p>1.4 b. recommendation document</p> <p>1.5 c. steering committee minutes/agenda</p> <p>1.5. recommendations for revised guidance regarding completion timeframes of required initial in-service training</p> <p>1.5 a. work group agendas and meeting notes</p> <p>1.5 b. recommendations document</p> <p>1.5 c. steering committee</p>	1.5. Q7 (all)		

Primary Strategy 3: Reengineer Competency Based Training System					
Goal 1: Establish a locally-responsive training infrastructure that includes timely initial training and appropriate on-going training for child welfare staff and pre-service and in-service training for resource parents.					
Objectives	Strategies	Evidence of Completion	Deadline	Responsible Person	Status
	<p>for timeframes to Steering Committee for approval</p> <p>1.6. Establish annual in-service training requirements for child welfare supervisors and front-line workers</p> <p>a. Develop a process to establish annual in-service training requirement for child welfare supervisors and front-line workers through the Steering Committee once core competencies are finalized</p> <p>b. Develop recommendations for annual in-service training requirements</p> <p>c. Present recommendations for annual in-service training requirements to Steering Committee for approval</p>	<p>minutes</p> <p>1.6. recommendations for revised guidance regarding annual in-service training requirements</p> <p>1.6 a. work group agendas and minutes</p> <p>1.6 b. recommendations document</p> <p>1.6 c. steering committee minutes/agenda</p>	1.6. Q7 (all)		
2. Ensure ongoing training opportunities for experienced staff	2.1. Enhance VCU-VISSTA and ATC capacity to engage, develop, and evaluate subject matter experts as both trainers and workshop	2.1. developed recommendations for both ATC managers and staff at VCU-VISSTA	2.1. Q4 (all)	Training Manager, Steering Committee	

Primary Strategy 3: Reengineer Competency Based Training System					
Goal 1: Establish a locally-responsive training infrastructure that includes timely initial training and appropriate on-going training for child welfare staff and pre-service and in-service training for resource parents.					
Objectives	Strategies	Evidence of Completion	Deadline	Responsible Person	Status
CFSR items addressed: 33	<p>developers through training and consultation with IHS</p> <p>a. Conduct assessments of each Area Training Center to evaluate strengths, knowledge and understanding of a competency based system, relationship with LDSS, and relationship with host agency</p> <p>b. Assess VCU-VISSTA capacity through consultation with IHS and ongoing collaboration with VDSS</p> <p>c. Modify VCU-VISSTA and ATC contract language to reflect expanded roles with LDSS and expectations regarding workshop development</p> <p>2.2 Establish process to provide ongoing training that is based on staff and supervisors' assessed needs</p> <p>a. Develop process through</p>	<p>2.1 a. assessment findings from IHS</p> <p>2.1 b. assessment findings from IHS</p> <p>2.1 c. VCU-VISSTA and ATC contract language for FY 2011 and FY2012</p> <p>2.2. provision of workshops developed by subject matter experts based on assessed needs</p>	2.2. Q7 (all)		

Primary Strategy 3: Reengineer Competency Based Training System					
Goal 1: Establish a locally-responsive training infrastructure that includes timely initial training and appropriate on-going training for child welfare staff and pre-service and in-service training for resource parents.					
Objectives	Strategies	Evidence of Completion	Deadline	Responsible Person	Status
	<p>the Steering Committee for ATCs and VCU-VISSTA to work together to develop and deliver trainer-developed workshops</p> <p>b. Pilot process through the development and delivery of one trainer-developed workshop in each ATC region</p> <p>c. Evaluate pilot findings and refine process through Steering Committee if necessary</p>	<p>2.2 a. formalized process documents</p> <p>2.2 b. trainer-developed workshop outlines for all five pilots</p> <p>2.2 c. summary of pilot findings, final process document for trainer developed workshop delivery</p>			
<p>3. Assess and evaluate training system</p> <p>CFSR items addressed: 32, 33</p>	<p>3.1. Explore better utilization of existing participant evaluation tool through the current Learning Management System</p> <p>a. Assess current functionality around participant evaluation through the Knowledge Center</p> <p>b. Develop a process to better utilize participant evaluation</p> <p>c. Submit recommendations</p>	<p>3.1 formalized evaluation process</p> <p>3.1 a. steering committee report on degree of functionality</p> <p>3.1 b. work group agendas and minutes</p> <p>3.1 c. final</p>	3.1. Q6 (all)	Training Manager, Steering Committee	

Primary Strategy 3: Reengineer Competency Based Training System					
Goal 1: Establish a locally-responsive training infrastructure that includes timely initial training and appropriate on-going training for child welfare staff and pre-service and in-service training for resource parents.					
Objectives	Strategies	Evidence of Completion	Deadline	Responsible Person	Status
	<p>for improvement of the function to the Steering Committee</p> <p>3.2. Establish evaluation process for trainers a. Assess existing processes for evaluating trainers b. Develop strategies to improve evaluation process for trainers as needed c. Submit recommendations for trainer evaluation process to Steering Committee</p> <p>3.3. Establish a training needs assessment process to inform training delivery and system development and management a. Develop ATC capacity to support needs assessment process and analysis b. Develop learning management system functionality to support needs</p>	<p>recommendations</p> <p>3.2 evaluation tools</p> <p>3.2 a. comparative analysis of history regarding trainer evaluation 3.2 b. work group agendas</p> <p>3.2 c. final recommendations</p> <p>3.3. Data from needs assessments</p> <p>3.3 a. contract language assigning responsibility to ATCs for FY 2012 3.3 b. LMS report of assessed needs by ATC area and state wide</p>	<p>3.2. Q6 (all)</p> <p>3.3. Q6 (all)</p>		

Primary Strategy 3: Reengineer Competency Based Training System					
Goal 1: Establish a locally-responsive training infrastructure that includes timely initial training and appropriate on-going training for child welfare staff and pre-service and in-service training for resource parents.					
Objectives	Strategies	Evidence of Completion	Deadline	Responsible Person	Status
	assessment information management c. Develop needs assessment protocol 3.4. Establish a process to promote transfer of learning for training participants a. Modify FY2011 contract language with VCU-VISSTA b. Develop a process for integration of transfer of learning tools	3.3 c. finalized protocol 3.4. Course-specific tool for supervisors 3.4 a. VCU-VISSTA contract language for FY2011 3.4 b. formalized process document	3.4. Q6 (all)		
4. Ensure delivery of state-approved pre-service and in-service training for resource, foster, and adoptive parents CFSR items addressed: 34	4.1. Conduct annual needs assessment of current pre-service and in-service training needs a. Create work group made up of LDSS, CRAFFT, and VDSS to develop needs assessment for LDSS and review/refine resource parent survey b. CRAFFT and Resource Family Unit to facilitate LDSS survey of resource families c. CRAFFT to administer needs	4.1. Needs assessment conducted 4.1 a. needs assessment document 4.1 b and c. published results and survey	4.1 Q3 (all)	Family Placement Manager, Community Resource and Foster Family Training (CRAFFT) Coordinators, and Steering Committee	

Primary Strategy 3: Reengineer Competency Based Training System					
Goal 1: Establish a locally-responsive training infrastructure that includes timely initial training and appropriate on-going training for child welfare staff and pre-service and in-service training for resource parents.					
Objectives	Strategies	Evidence of Completion	Deadline	Responsible Person	Status
	<p>assessments with LDSS (findings of resource parent survey will be included in the LDSS needs assessment)</p> <p>4.2. Create regional pre-service and in-service training plans for resource families based on needs assessment data</p> <p>a. Develop regional resource family training teams to both inform training plans and provide feedback on training over time (to include CRAFFT, LDSS, VDSS, and resource parents)</p> <p>b. Utilize the training teams to examine the needs assessment and other data as needed to identify training needs within the region (including topics as well as logistics for training)</p> <p>c. Develop a plan for pre- and in-service training for the</p>	<p>4.2. Regional training plans</p> <p>4.2 a. contact list and meeting schedule for each region’s training team</p> <p>4.2 b. regional training plans</p> <p>4.2 c. regional training plans</p>	4.2 Q5 (all)		

Primary Strategy 3: Reengineer Competency Based Training System					
Goal 1: Establish a locally-responsive training infrastructure that includes timely initial training and appropriate on-going training for child welfare staff and pre-service and in-service training for resource parents.					
Objectives	Strategies	Evidence of Completion	Deadline	Responsible Person	Status
	region 4.3. Develop resource parent competencies a. Establish a subcommittee to address resource family training b. Review models of resource parent competencies c. Develop Virginia universe of competencies d. Make recommendations to Steering Committee	4.3. resource parent competencies 4.3 a. subcommittee membership list 4.3 b. comparative analysis 4.3 c. list of competencies 4.3 d. recommendations around pre-service and in-service training requirements	4.3 Q7 (all)		

Primary Strategy 4: Managing by Data and Quality Assurance					
Goal: Create a performance management system that utilizes data to inform management, improve practice, measure effectiveness and guide policy decisions.					
Objectives	Strategies	Evidence of Completion	Deadline	Responsible Person	Status
1. Increase use of data driven decision making in Virginia's child welfare system	1.1 Conduct Translating Outcomes to Practice (TOP) meetings quarterly. a. Routinely examine data related to outcome areas to determine both best practices	1.1 a. Process Improvement Plan Work plans.	1.1.a Q 4, Q 8	OBRA manager	

Primary Strategy 4: Managing by Data and Quality Assurance					
Goal: Create a performance management system that utilizes data to inform management, improve practice, measure effectiveness and guide policy decisions.					
Objectives	Strategies	Evidence of Completion	Deadline	Responsible Person	Status
CFSR items addressed: 1, 7, 8, 9, 10, 13, 19, 20, 24	and opportunities for improvement across program areas. b. Provide data to program staff/process improvement teams as they develop and implement process improvement plans. c. Monitor outcomes to determine if process improvement plans are moving the outcomes.	1.1 b. and c. TOP minutes and analysis	1.1 b. and c. Quarterly beginning in Q 1		
	1.2 Utilize available reporting tools in all 120 LDSS, regional offices, and the VDSS home office. a. Train on SafeMeasures b. Monitor the use of SafeMeasures c. Expand the use and awareness of the Virginia Child Welfare Outcomes Reporting Utility (VCWOR)	1.2 a. Curriculum, Regional trainings, # trained 1.2 b. usage reports 1.2 b. Curriculum, Regional trainings, # trained	1.2 a Q 1 1.2 b. quarterly beginning in Q 1 1.2 Q 1	OBRA manager	
	1.3 Improve programmatic performance by monitoring process and outcome data.				

Primary Strategy 4: Managing by Data and Quality Assurance					
Goal: Create a performance management system that utilizes data to inform management, improve practice, measure effectiveness and guide policy decisions.					
Objectives	Strategies	Evidence of Completion	Deadline	Responsible Person	Status
	a. Develop Critical Outcomes Report and publish results	1.3 a. Critical Outcomes report	1.3 a Q 2	OBRA manager	
	b. Develop a report that tracks children at risk of aging out of foster care that will focus on children with long term permanency goals, TPR without placement in pre adoptive homes, and children in congregate settings for more than 180 days and share with program staff to monitor.	1.3.b At risk report	1.3 b. Q 2	OBRA manager	
	c. Develop a report that monitors participation in Family Partnership Meetings and share with regional consultants for monitoring and TA	1.3 c Family Partnership report	1.3 c. Q 2	OBRA manager, Family Engagement manager	
	d. Develop reports on case worker visits with children, parents, foster parents, sibling visits, and child and family visits	1.3 d Updated FC guidance 1.3 d Visitation report	1.3 d. Q 2	OBRA manager	

Primary Strategy 4: Managing by Data and Quality Assurance					
Goal: Create a performance management system that utilizes data to inform management, improve practice, measure effectiveness and guide policy decisions.					
Objectives	Strategies	Evidence of Completion	Deadline	Responsible Person	Status
	<p>1.4 Develop a new report by locality on face to face contact with victims to be disseminated on a monthly basis a. Train regional consultants on face to face contact report b. Introduce the report as a data management tools for state CPS staff and local departments of social services</p> <p>1.5. Develop a report to track recurrence in Family Assessment cases. a. review report to determine recurrence and next steps</p>	<p>1.4 New report on face to face contacts</p> <p>1.4 a. training schedule and curriculum 1.4 b. meeting agendas for supervisors meetings and minutes</p> <p>1.5.Family Assessment recurrence report 1.5a. analysis of report</p>	<p>1.4 Q 4</p> <p>1.4 Q 5</p> <p>1.5. Q 7</p>	<p>OBRA manager, CPS program manager, CPS regional consultants</p> <p>OBRA manager</p>	
2. Develop a comprehensive quality assurance system that measures child status and system performance indicators.	<p>2.1 Develop and implement QSR as Virginia's quality assurance system. a. Finalize work plan for 2010 b. Communicate & educate stakeholders on the plan c. Develop and pilot instrument Fall of 2010 d. Make modifications and</p>	<p>2.1.a.work plan</p> <p>2.1 b. communications plan</p> <p>2.1.c. QSR instrument developed and pilot completed</p> <p>2.1 d. revised instrument</p>	<p>2.1.a Q 1</p> <p>2.1.b Q 1</p> <p>2.1.c Q 1</p> <p>2.1.d Q 2</p>	CQI manager	

Primary Strategy 4: Managing by Data and Quality Assurance					
Goal: Create a performance management system that utilizes data to inform management, improve practice, measure effectiveness and guide policy decisions.					
Objectives	Strategies	Evidence of Completion	Deadline	Responsible Person	Status
CFSR items addressed: 30, 31	finalize the instrument e. Train reviewers in January 2011 and June 2011 f. Conduct 5 reviews in 2011 beginning in February	2.1.e. reviewer training offered in January 2011 and June 2.1.f. reviews completed, baseline measurement started, review reports	2.1.e. Q 2 (Jan. training) Q 3 (June training) 2.1.f. Q 5		
	2.2 Implement a System Improvement Plan (SIP) to be used after the Child Welfare Quality Review (CWQR) by regional consultants and LDSS to track continuous progress towards performance outcomes. a. Regional consultants conduct feedback meeting with LDSS after a CWQR focused on outcomes. b. SIP developed by LDSS, distributed and monitored by regional consultants based on outcome measures. c. VDSS compiles semi annually SIPs and status and distributes to LDSS and	2.2. documented System Improvement Plan by Broadcast #5827 2.2. a and b. developed System Improvement Plans by LDSS 2.2.c. report distributed by VDSS on System Improvement Plans that reports on trends and	2.1.a. ongoing beginning in Q 1 2.1.b. Q 1 2.1.c. Q 2	CQI manager	

Primary Strategy 4: Managing by Data and Quality Assurance					
Goal: Create a performance management system that utilizes data to inform management, improve practice, measure effectiveness and guide policy decisions.					
Objectives	Strategies	Evidence of Completion	Deadline	Responsible Person	Status
	stakeholders. d. Develop link with System Improvement Plan process in order to help inform training priorities	outcome measures form the SIPs. 2.2.d feedback protocol for System Improvement Plans	2.2.d Q 6		
	2.3 Develop a report on child status and system performance indicators from the QSR.	2.3 database and reporting templates developed.	2.3 Q 2	CQI manager	