# *COMMONWEALTH of VIRGINIA*

VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

## Eastern Regional Office

## Quality Management Review

of the

## CHILD WELFARE DIVISION

## RICHMOND CITY DEPARTMENT OF SOCIAL SERVICES

**June 2013**

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# City of Richmond

BYRON C. MARSHALL
CHIEF ADMINISTRATIVE OFFICER

"SIC ITUR AD ASTRA"
SUCH IS THE WAY TO THE STARS

December 12, 2012

Martin D. Brown, Commissioner
Virginia Department of Social Services
801 East Main Street
Richmond, VA 23219

Dear Commissioner Brown:

First, let me express my thanks to you and your department for your help in our work to ensure that the Richmond Department of Social Services becomes a high performing agency and is performing its duties according to all applicable state standards. My special thanks to Paul McWhinney and his staff who have assisted us in a timely and thoughtful manner.

I would like to formally request that the Virginia Department of Social Services conduct a Quality Management Review (QMR) of the Child Welfare Division of the City of Richmond Department of Social Services. Specifically, I request that a QMR process begin in January 2013, as soon as the VDSS can make the necessary staffing and logistical arrangements.

It is my understanding that the QMR will include: the review of an appropriate number of Child Welfare case records; the administration of a confidential; an electronic employee survey; the completion of a self-assessment document by all of the Child Welfare Supervisors; the review of case record information and related data contained in state automated systems; the conducting of individual interviews with all of our Child Welfare supervisors; and individual interviews with a designated number of our Child Welfare staff. I also understand that the QMR will include interviews of persons who are not employees of our local agency but have strong professional working relationships with our local agency and members of our staff, such as community partners, local government officials (including law enforcement), Judges, staff at residential treatment facilities/group homes, foster parents and/or others selected by the VDSS staff.

Mr. McWhinney has advised me that a member of VDSS management will contact my office to coordinate the dates for the on-site portion of the QMR to be conducted at our Richmond DSS agency by members of the Virginia DSS Review Team.

I appreciate your consideration of my request for the VDSS to conduct a Quality Management Review of the City of Richmond Department of Social Services and look forward to your confirmation of this request.

Sincerely,

Byron C. Marshall
Chief Administrative Officer

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# COMMONWEALTH of VIRGINIA

## DEPARTMENT OF SOCIAL SERVICES

December 14, 2012

Mr. Byron C. Marshall
Chief Administrative Officer
City of Richmond
900 East Broad Street
Richmond, Virginia 23219

Dear Mr. Marshall:

This is to confirm receipt of your December 12, 2012 letter to VDSS Commissioner Martin D. Brown requesting that the Virginia Department of Social Services (VDSS) conduct a Quality Management Review (QMR) of the Child Welfare Division of the Richmond Department of Social Services. The initial phase of the QMR process will include the review of selected Child Welfare case records, conducting a confidential, electronic employee survey, completion of a self-assessment document by all of your Child Welfare Supervisors, review of case record information and related data contained in state automated systems and review of selected information and/or documentation in the administrative, fiscal and/or human resource areas. The on-site portion of the QMR at the Richmond DSS will be conducted in January 2013 by members of the VDSS Review Team.

The QMR will cover the following major program areas: Child Protective Services, Foster Care and Adoption, Resource Families and case records governed by the regulations and policies of the Comprehensive Services Act (CSA). The QMR also will include individual interviews with all of your Child Welfare supervisors and a large number of your Child Welfare staff. Members of the QMR Review Team also will interview persons who are not employees of your local agency but have strong professional working relationships with your local agency and members of your staff, such as community partners, local government officials, Judges, law enforcement, staff at residential facilities/group homes, foster parents and/or others selected by state staff.

My Regional Administrative Manager, Patricia Panels, and I will coordinate the overall activities of the QMR of the Richmond DSS. I need for you to provide me with the contact information of the person at the Richmond DSS who will act as the coordinator for the QMR for the local agency and who will provide us with the case-related information, staff and email listings and logistical arrangements we need during the QMR process.

I look forward to working with you and the Richmond DSS staff during the course of the VDSS Quality Management Review. Please let me know if you have any questions relating to the QMR process.

Sincerely,

Stephen E. Blythe, Regional Director

Cc: Martin D. Brown, VDSS Commissioner
Paul D. McWhinney, VDSS Deputy Commissioner

VSSIII
PEOPLE HELPING PEOPLE

# Virginia Department of Social Services
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Dorothy Hollahan, Program Evaluation and Monitoring Supervisor
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## Executive Summary

A Virginia Department of Social Services (VDSS) Quality Management Review (QMR) of the Child Welfare Division of the Richmond City Department of Social Services (RCDSS) was initiated in January 2013 at the request of Byron Marshall, Chief Administrative Officer for the City of Richmond. City leadership requested the review to investigate child safety concerns reported to them and the local media. Various child welfare community partners, stakeholders and RCDSS employees raised issues concerning the safety of children, a significant decrease in the number of abuse and neglect petitions filed on behalf of children, and a reduction in the foster care population as a result of shifting child welfare practices at RCDSS.

The onsite portion of the review was conducted from January 28 through February 1, 2013, by a team of twenty VDSS staff, from various parts of the state. Ten additional review team members read cases recorded in the state's child welfare database, OASIS[1], and conducted interviews with city staff, law enforcement, community leaders, city councilmen, the Commonwealth Attorney's office, community partners, stakeholders, foster parents, Guardian ad Litems (GALs), and members of the Richmond area medical community. The QMR staff selected a total of 328 case records for review.

Primarily, this QMR focuses on child welfare services provided by RCDSS, its use of the Virginia Children's Services Practice Model and outcomes as measured by Federal Child and Family Service Review (CFSR) criteria. Child welfare programs examined during the review included Child Protective Services (CPS), Foster Care and Adoptions (Permanency) and Resource Family services.

In total, 25 findings and recommendations for remediation were made as a result of this intensive review. Areas or practices demonstrating strength, as well as areas for improvement, were identified. Major findings and recommendations are as follows:

- RDSS needs to create and implement a comprehensive records management system for child welfare case records, as required by the Virginia Code. Thirty-seven of the 131 CPS files requested to be reviewed could not be located by RCDSS staff at the time of the onsite review and have not been located to date.

[1] OASIS is the VDSS online case management system for the CPS, Foster Care and Adoption programs.

- There has been a significant drop in the number of Emergency Removal Orders (EROs) and Preliminary Protective Orders (PPOs) filed with the Richmond court. There were 330 petitions filed in 2008 compared to only 84 petitions filed in 2012, a 75% decrease. In four case records reviewed, medical professionals determined a child to be at risk of irreparable damage or death. However, upper management instructed CPS staff that protective custody of the child/children was not an option to be followed for those cases. RCDSS management needs to re-assess policy for determining the need to file EROs and PPOs and take the necessary corrective action to adequately provide for the safety of children.
- Many Family Assessments and Investigations that were determined to be "high risk" or "very high risk" were not opened to ongoing CPS services, as required by policy. Management needs to re-evaluate the internal policies and follow the Structured Decision-making and CPS policy guidelines. At the time of the review, only 37 CPS ongoing cases were opened compared to 516 cases identified as "very high" or "high" risk cases with immediate services needed.
- RCDSS must do a better job in making complete, comprehensive assessments to identify risk for children. Improvement in this area would reduce the high number of children who re-enter foster care within 12 months.
- OASIS reports indicate a high number of overdue referrals and investigations. The agency must develop a plan to reduce the high number of overdue CPS referrals.
- 82% of first contacts were completed or attempted by RCDSS within response times as designated by policy.
- The RCDSS professional working relationships with community partners/stakeholders, GALs, city attorneys, medical professionals, Multi-Disciplinary Team and others need immediate corrective action and significant improvement.
- RCDSS must stop the practice of placing children with a goal of permanent foster care in group homes or residential treatment facilities. According to VA Code 63.2-908, a child with the goal of Permanent Foster Care is to be placed in the residence of a person(s) who is determined to be appropriate in meeting the child's needs on a long-term basis. Residential treatment facilities and group homes are not personal residences.
- Child and family assessments are not completed and documented in OASIS. This practice must be addressed.

- The CPS Second Responder unit needs to be eliminated in its present form. Management should contact other large LDSS in the state for ideas on how to best establish and staff this unit.
- Complete relative searches must be performed for all children when they enter foster care and throughout their involvement with the child welfare system.
- The RCDSS needs to develop a plan to address referrals for children in need of child-specific placements, including targeted recruiting and diligent family searches.
- Training requirements for CPS staff have not been met. An examination of the staff training transcripts revealed that none of the CPS staff have completed all of the state mandated training. CPS workers need to immediately schedule and attend training for mandated CPS courses.
- Workers complained that they were treated poorly, disregarded, and told they were "stupid". They reported that founded cases of abuse and neglect were changed to unfounded by upper management. These issues require immediate attention and correction by upper management.
- The RCDSS Director must stay informed and become more involved in the work of the Executive Team, Program Managers, supervisors and staff in the child welfare division.
- All child welfare staff vacancies should be filled immediately. The agency should also conduct a time study of the CPS hotline in order to assess performance.
- Supervisors need to be consistent in implementing agency goals, practices and policies.
- Internal communications must be improved and include input from the line staff.

**Conclusion**

The child welfare units within the RCDSS are dysfunctional. The Richmond City Chief Administrative Officer needs to make a comprehensive evaluation of the leadership abilities and professional skills of the Director and the Executive Team to determine if they will be able to initiate the many required changes recommended in this report. A comprehensive Corrective Action Plan (CAP) must be submitted to the Regional Director of the VDSS Central Regional Office on or before July 31, 2013.

# OVERVIEW
# Virginia Department of Social Services
# VDSS Review of the Child Welfare Division
# Richmond City Department of Social Services
# May 2013

A VDSS Quality Management Review (QMR) of the Child Welfare Division of the Richmond City Department of Social Services (RCDSS) was initiated in January 2013 at the request of Byron Marshall, Chief Administrative Officer for the City of Richmond. The VDSS was asked to conduct the review by the city leadership because of child safety concerns reported to them, as well as to the local media. Various child welfare community partners, stakeholders and RCDSS employees raised issues concerning the safety of children. The significant decrease in the number of abuse and neglect petitions filed on behalf of children and reductions in the foster care population were attributed to shifts in management priorities and child welfare practices. An evaluation was sought in order to determine if RCDSS adequately addressed child safety issues.

The onsite portion of the review was conducted from January 28 – February 1, 2013, by a 20 member team of the Virginia Department of Social Services. Ten other VDSS staff members read cases that were recorded in the state's child welfare online database, OASIS. Interviews were conducted with members of the Richmond City staff, law enforcement, community leaders, judges, City Council, the Commonwealth Attorney's office, community partners, foster parents, Guardian ad Litems (GALs) and members of the Richmond area medical community.

**Background**

In December 2007, the VDSS, with assistance from the Annie E. Casey Foundation, began a statewide child welfare reform initiative, known as the Virginia Children's Services System Transformation **(Transformation).** With the Transformation initiative, the Virginia Practice Model[2] is used as a means to shift child welfare practice to increase the effectiveness in assisting at-risk children and their families to strengthen permanent family connections for children and youth and to improve services to and outcomes for children and families.

The specific goals of this initiative were (1) to increase the number and rate at which youth in foster care move into permanent family arrangements (permanency), (2) to increase the number of placements of at-risk children and youth with relatives and/or foster parents, (3) to devote more resources to community-based care to prevent children from entering foster care unnecessarily, and (4) to embrace management by data and outcome-based performance management.

[2] The Virginia Children's Services System Practice Model sets forth a vision for the services that are delivered by all child serving agencies across the Commonwealth, especially the Departments of Social Services, Juvenile Justice, Education, Behavioral Health and Developmental Services and the Office of Comprehensive Services.

A Council on Reform (CORE) was established to lead the statewide Transformation initiative. Thirteen local departments of social services (LDSS), including the RCDSS, made up the initial CORE group whose major purpose was to develop a common philosophy and methodology to guide this statewide paradigm shift in child welfare practice. A Practice Model (see Appendix D) was developed to serve as guidance and assist in the implementation of the statewide reform.

As a result of this statewide initiative, the number of children in foster care has decreased from 7,557 in December 2007 to 4,795 in June 2012, a 36.5% reduction. Additionally, from December 2007 to June 2012, Virginia reduced the number of children in congregate care (residential treatment facilities and/or group homes) by 68.3%, from 2,038 to only 646 children in these settings in 2012. Improvements have been seen in other areas also. Discharges to permanency have increased by 11% and there has been a 16% increase in the number of children in kinship placements.[3]

The primary focus of this QMR is on the social services being provided to the children and families in Richmond City by the RCDSS, its implementation of the Children's Services Transformation and outcome measures of the Federal Child and Family Service Review (CFSR) criteria. Managing by Data, Resource and Family Development, Family Engagement, Family Partnership Meetings (FPMs) and Community Resource Development practices are key components of the Transformation initiative and are foundational for this review.

**Interviews**

As a part of this review, face-to-face interviews were conducted with 114 staff from the Child Welfare Division of the RCDSS, including the Director, Acting Deputy Director, former Deputy Director, Program Managers, supervisory staff and the Comprehensive Services Act (CSA) Coordinator. More than 30 external interviews also were conducted with judges, the City Attorney assigned to the RCDSS, City Council members, the Commonwealth Attorney's Office, hospital/medical personnel, court appointed special advocates (CASAs), Guardian ad Litems (GALs), police, resource families (foster parents) and various community stakeholders involved in the care and protection of children.

In addition to the internal and external face-to-face interviews, 115 child welfare staff members were asked to voluntarily complete an electronic, on-line, confidential survey. Sixty-nine staff members responded to the electronic survey, yielding a 60% response rate.

**Review of Case Records**

The QMR staff selected a total of 328 case records for review. Included in the review were 120 Child Protective Services (CPS) valid referrals or allegations of abuse and/or neglect of children. Reviewers examined 102 "screened-out" cases involving allegations of abuse/neglect that were not taken under consideration by the RCDSS staff for further action. Other cases selected included 11 ongoing CPS cases, 50 foster care/adoption cases, and 45 resource family case records.

[3] VDSS Virginia Child Welfare Outcome Report (VCWOR), Division of Family Services (DFS) Critical Outcome Measures

**Child Protective Services Program Review Summary**

The Child Protective Services review team reviewed a total of 233 case records, including 120 valid referrals, 102 screened-out referrals and 11 ongoing CPS cases. Valid referrals and ongoing cases were first reviewed online and prior to the onsite visit. The RCDSS was asked, in advance, to have hard copies of the 131 case records available for the review team when they arrived for the onsite portion of the review. Thirty-seven of the 131 CPS files requested were not able to be located by the RCDSS staff at the time of the onsite review and have not been located to date.

Valid referrals are placed in one of two tracks: Family Assessment or Investigation, depending upon the severity of the alleged harm to the child or children involved. Case records reviewed by the review team noted overall policy compliance, including the use of Structured Decision-making (SDM),[4] and the Virginia Practice Model. However, the members of the CPS review team are very concerned that there were a high number of Family Assessments and Investigations determined to be in the "high risk" or "very high risk" categories without being opened to ongoing CPS services, as required by policy.

RCDSS also had a high rate of subsequent referrals. Of the 120 valid referrals reviewed, 80 (67%) had multiple referrals for CPS. The percent of ongoing cases with multiple or subsequent referrals for CPS was even higher, 91%. Ten of the eleven ongoing cases reviewed for this QMR had multiple referrals.

In 85 of 103 (82%) cases reviewed, the first completed or attempted contact was made within the timeframes required by policy. In the 18 cases that exceeded the required response times, the actual timing of first contact made ranged from seven days to five months. However, OASIS reports indicated that RCDSS had a high number of overdue referrals and investigations.

Training requirements for CPS staff have not been met. An examination of the staff training transcripts revealed that none of the CPS staff have completed the state mandated training requirements. The lack of adequate and/or mandated training also was noted as one of the three top concerns by a majority of staff interviewed. Staff reported that, due to the high caseloads and a lack of a sufficient number of CPS workers, they are not able to attend training.

All CPS-related calls (referrals) are handled through RCDSS' hotline. Reports are documented in the automated data system and sent to one of two supervisors of the daytime units who validate and assign the referral to a member of the CPS staff. RCDSS lacks a system or process to ensure that agency hotline calls are answered and acted on in a timely manner.

At the time of the review, one of the two daytime supervisors was on medical leave, leaving only one supervisor responsible for the supervision of 15 staff persons. The lack of planning by management for coverage of caseloads and adequate supervision of staff creates significant safety concerns for children and families.

[4] Structured Decision-making (SDM) is an assessment tool used to guide practice and decision-making in child abuse/neglect intake and investigations.

Internal communication was cited as one of the top three work-related concerns by the majority of staff. Staff interviewed also mentioned concerns with the two CPS units that function independently of each other. While individual units hold monthly meetings, it is rare that all of the units within the CPS program meet together (day and after-hours staff). Staff reported a lack of confidence in supervision and in upper management. Many workers shared their fears of retribution and intimidation for speaking up on issues regarding child safety.

The review also identified the lack of a case record management system, including failures in proper labeling of files and no standard organization of hard copy case records. The agency maintains a central records room which was not used by the CPS program staff. Staff kept both open and closed CPS files at their desks. The case record files reviewed were labeled in various ways. As previously stated in this report, thirty-seven of the hard copy case record files requested for the review were never located or produced for the state CPS review team. The Code of Virginia contains specific, required retention times for CPS files and the reviewers found many violations of the state retention requirements.

The RCDSS met the required mandates relating to interviewing child victims, alleged abusers, non-offending caretakers, siblings and collaterals. However, of the case records reviewed, few reflected engagement strategies critical to the family's recognition of safety/risk factors and their commitment to change. Many valid referrals included substance abuse and medical issues which were often were not examined by CPS staff during the course of the investigation or family assessment.

Staff reported the use of the court to ensure compliance and safety for children was strongly discouraged by upper management. In four case records reviewed, medical professionals determined a child to be at risk of irreparable damage or death, but CPS staff was told by upper management that protective custody of the child/children was not an option to be followed in those particular cases.

Discouragement to use protective custody has contributed to the significant drop in the number of Emergency Removal Orders (EROs) and Preliminary Protective Orders (PPOs) filed with the Richmond court. There were 330 petitions filed in 2008 compared to only 84 petitions filed in 2012, a 75% decrease. This dramatic decline reflects a change in the RCDSS senior management philosophy rather than drastic behavioral changes in the population of caretakers for the city's children.

Staff expressed to the state reviewers that upper management was more interested in "keeping the numbers down" in order to look good to the state and other outsiders than in providing for the safety of children.

The CPS "Second Responders" (after-hours) unit lacks a written protocol which creates confusion among staff. There is little confidence in the support the members of this unit provides to the overall CPS program. More importantly, many community partners and members of the medical community expressed their frustration in the response time experienced with the after-hours staff.

The emergency room doctors at one area hospital informed the state review team that the after-hours CPS staff responded to only ten percent of the calls placed after normal business hours. This lack of response by the CPS after-hours staff creates a severe safety issue for at-risk children and places an additional burden on the CPS daytime staff. It also sends a conflicting message to mandated reporters about CPS response to calls 24 hours a day, 7 days a week.

The CPS ongoing unit is grossly underutilized. At the time of the review, there were 516 cases identified as "high" risk but only 37 were opened as ongoing CPS cases. RCDSS does not follow the Structured Decision-making and CPS policy guidelines for opening high risk referrals to ongoing services. This largely accounts for the high number of repeat referrals (67%) found in the cases reviewed as a part of this QMR.

**Permanency (Foster Care/Adoption) Program Summary**

At the time of the review, RCDSS had 188 children placed in their custody. Fifty cases (27%) were selected for review in order to adequately assess the agency's compliance around safety, permanency and well-being for children. There are major communication barriers among the staff working in the child welfare programs. Cases previously opened for prevention services continue to be at high risk and were eventually placed in foster care. There was no documentation that staff meetings were held between CPS, Family Prevention and the Foster Care units to allow for a smooth transition of a case from one worker to another. In some cases reviewed, safety concerns prior to the placement in foster care were inadequately assessed requiring the children to subsequently enter foster care.

With the majority of cases reviewed, documentation indicated that children were safe during their placement in foster care. However, the review team did find three examples where abuse/neglect in foster homes and/or congregate care was alleged and the allegations were unfounded by CPS. There was no documentation that Permanency staff was involved in the CPS decision-making process.

Of the fifty cases reviewed, 14 cases (28%) had one or more subsequent foster care placements (episodes). Many of the children re-entered foster care within 12 months. The Virginia Child Welfare Outcome Report (VCWOR) indicates that, in 2011, 14% of children in the custody of RCDSS re-entered foster care within 12 months, compared to 5% for the statewide re-entry rate. The lack of complete, comprehensive assessments in identifying risk factors for children is associated with the high foster care re-entry rate experienced by the RCDSS.

There are incomplete and/or inconsistent relative searches performed by staff at the time a child enters foster care. There was insufficient documentation in OASIS or in the hard copy case records to substantiate that thorough relative searches were completed initially or continued throughout the child's involvement with the child welfare system. In many cases reviewed, relative searches were initiated months after the child entered foster care rather than when the child entered foster care, as required by policy.

There were some cases that previously received services from CPS and/or Prevention Services units that did not show evidence of relative searches even when opened for several months, or, in some cases, several years.

In several cases reviewed, fathers were not contacted or engaged in any way nor were the paternal families contacted as a part of the relative search process, as required by policy. Foster care workers interviewed reported confusion regarding the agency's relative search policy/process. Some workers were not sure who completed relative searches and were not aware of any written policy or procedures related to relative searches.

Those cases reviewed with the goal of adoption revealed that there were delays in establishing the child's paternity. When relatives were identified, there was lack of documentation about the considerations for possible placement and why other relatives were ruled out. In several case records reviewed, examples were found of children who had been in care for several months but the movement towards termination of parental rights was delayed with no documentation explaining the reason for the delay. Several of the cases reviewed had a goal of permanent foster care. However, many of these children were placed in group homes or residential treatment facilities without an identified, significant foster parent relationship, as required by state law.

The review of OASIS records shows that child and family assessments are rarely completed and documented in the VDSS automated child welfare system. In the few cases which were entered and contained some documentation, the information provided by CPS, Prevention and Foster Care workers was insufficient. This information is critical to the process of selecting the most appropriate placement for a child and for identifying the correct type/ amount of services to be provided. Furthermore, reassessing and updating information in the data system is a critical component of securing the safety, permanency and well-being for a child. Assessments received little, and, in some cases, no attention by staff.

State reviewers noted a few examples of good planning by staff in a number of case records. In one case, diligent efforts were successful in matching a medically fragile child with a foster parent who also was a nurse. In another case reviewed, a child was placed in close proximity to the parent to promote ongoing contact and visitation. Sibling contacts with face-to-face visits were promoted and encouraged. Visitation for children and parents was clearly encouraged and staff engaged the family to participate. Another positive was that workers gave consideration to the work schedules of family members and accessibility to visit with their children.

The reviewers were satisfied with the agency's practice of family engagement. Family Partnership Meetings (FPMs) have been re-labeled by the RCDSS as Team Decision Meetings (TDMs). TDMs occurred routinely upon entry into foster care. However, in the majority of cases reviewed, it could not be determined if there were subsequent TDMs once the child was in foster care, as required by policy. There was no evidence found in the case records reviewed that a TDM resolved conflicts or preserved placements or that it expedited the child's permanency.

The VDSS Foster Care Manual, Section 2, requires that a Family Partnership Meeting (or TDM) be held for every family involved with the child welfare agency at the following five critical decision points:

- once a CPS investigation or family assessment has been completed and the family is identified as very high or high risk and the child is at risk of an out-of-home placement
- prior to removing a child, whether emergency or planned
- prior to any change of placement, including a disruption in an adoptive placement
- prior to a change of a goal
- when a meeting is requested by the parent or legal guardian, child or service worker to address one of the other four decision points.

**Resource Family (Foster Parents) Program Review Summary**

Forty-five (45) cases were selected for review and fifteen (15) resource families (foster parents) were interviewed, including one kinship family and six private agency therapeutic resource providers. All seven staff members in this unit were individually interviewed.

While there were only 79 active resource families (foster parents) utilized by the agency at the time of the review, there were 262 available foster parents (open cases) in OASIS. Once this was brought to the attention of RCDSS, staff immediately corrected the OASIS information by closing cases that remained open in error. The corrections were made prior to the conclusion of the onsite review.

All hard copy case records contained appropriate and well-documented Mutual Family Assessments, addendums, training logs and certificates for agency approved families. However, no case records were maintained in the agency for licensed child placing agency treatment providers used by private agencies. RCDSS uses private child placing agencies for children who need therapeutic placement. There is no documentation or in-house process to ensure that these families continue to remain in compliance.

RCDSS uses general recruitment efforts to engage potential foster parents. The agency utilizes the PRIDE[5] curriculum for pre-service training and one of the resource parents serves as a parent co-trainer. There are many opportunities for families to attend monthly in-services training. All trainers are knowledgeable and have been appropriately trained and certified.

The reviewers found that limited child-specific recruitment is done. The agency should develop a plan to refer children in need of child-specific placements, including specific recruiting and diligent family searches.

The Resource Family unit staff was found to be committed to families and used every opportunity to show their support and respect. Fourteen out of the 15 families interviewed indicated that families were supported and valued by the Resource Family unit at RCDSS. Within the unit, staff is supportive of one another, the agency and other program areas.

[5] A model used for the development and support of resource families by providing a standardized, structured framework for recruiting, preparing and selecting foster and adoptive parents.

## INTERVIEWS

### Interviews with Community Partners/Stakeholders

Medical professionals gave descriptions of their working relationships with RCDSS that ranged from positive and responsive to grossly inadequate. The CPS Second Responders unit was identified as strength by doctors at one area hospital, particularly in the initial response to acute cases. However, in stark contrast, the doctors at another area hospital described the overall working relationship with the Second Responders' staff as poor, delayed and, in some cases, unresponsive. These doctors estimated that the Second Responders only responded to ten percent of their after-hours requests to CPS. This lack of response was so disturbing to the doctors at one hospital that they began admitting children in efforts to ensure their safety. In these instances, hospital caseworkers not RCDSS workers, continued to monitor the cases. Some medical professionals described specific situations where the action or lack of action taken by RCDSS CPS staff was contrary to medical recommendations.

They reported that RCDSS upper management did not return phone calls. Several community partners and stakeholders observed there was an obvious change in philosophy by upper management about two to three years ago, the same time a new hire joined RCDSS' upper management. RCDSS' previous practice of making regular removals of children in the interest of safety then shifted. One doctor interviewed reported going to court regularly to testify in past years, but was rarely called upon now since so few RCDSS cases go to court.

Worker turnover at the RCDSS in the last 18 to 24 months was also seen as a significant issue for community partners/stakeholders. Concern was expressed by many of the community partners/stakeholders interviewed regarding the number of capable supervisors and workers who left RCDSS or found employment with other LDSS. RCDSS upper management described the departures as situational, not a reflection of core agency principles or the values concerning the safety of children.

Community partners/stakeholders interviewed made the following suggestions for improvements:

- Administrative buy-in and transparency is needed at the critical decision-making level, especially at the worker/supervisory level.
- Better communication and coordination should take place with the multi-disciplinary team (MDT) regarding decisions to return a child home.
- CPS workers and supervisors would benefit from additional training in understanding children's needs for medical management. Often it is not possible for parents/relatives to provide appropriate medical management when a child returns home.
- Improve channels of communication with medical staff to understand each other's role.
- Provide appropriate services to the child/family at the time of discharge.

The Team Decision-making (TDM) process was described as a strong, organized and inclusive practice. Workers collaborated well and were successful at partnering through the Multi-Disciplinary Team (MDT) process.

RCDSS social workers have developed strong support for each other and demonstrated knowledge and insight about specific children's cases. Stakeholders viewed them as advocates for the best interest of the child, even when their decisions or recommendations were not upheld by RCDSS management. This was typified as a frequent occurrence.

Communication with CPS staff was described as problematic. It was reported that police regularly called private agencies because they could not get a response from RCDSS CPS staff. As an example, in January 2013, one private agency reported receiving eight CPS-related calls from police. In those instances, the police stated that they had called RCDSS CPS and there was no response. Community partners/stakeholders stated that RCDSS took no accountability or responsibility for lack of communication or response. Improvement is needed in order to better guarantee child safety. Some community partners have been approached by local attorneys to address issues that workers say they could not address. RCDSS workers regularly sought consultation and support from community partners/stakeholders in efforts to effect positive change within RCDSS and provide for the safety of children.

Several community partners/stakeholders interviewed described significant safety issues for children, including the following examples when RCDSS staff:

- Did not follow therapeutic recommendations
- Did not complete background checks
- Were reluctant to remove a child from the home for valid safety reasons
- Were perceived to rapidly return children to their homes.

For relative care, there were deficits concerning training, background checks and monitoring. Stakeholders reported that children often came back into care from the custody of relatives because the relatives could not provide required care or meet the needs of the children. Diversion cases, instances where children are placed in the custody of relatives, were not opened as foster care cases nor were they tracked by RCDSS. These cases were sometimes closed quickly. As a result, children were not tracked and no one knows what happened to them.

The cessation of emergency removal orders (EROs) was characterized as "disastrous" by RCDSS staff. There were very few social services' cases on the court docket, few protective orders, emergency removal orders, and very few five-day court hearings. Petitions for "high risk" and "very high risk" cases were withdrawn, something that did not occur prior to the change in RCDSS' upper management.

In one-on-one interviews, community partners recalled complaints from workers about being treated poorly, feeling disregarded, being told they are "stupid" and having founded cases being changed to unfounded by upper management. Workers were told that they could not talk to the city attorney about cases.

Many affidavits were written by the Deputy Director rather than the worker and often had so little information in them that the city attorney could not proceed with court action. Community partners/stakeholders reported there was no accountability by management.

Community partners stated a need to have Master of Social Work (MSW) credentialed staff in upper management, skilled in social work and Child Protective Services' investigations. More staff training was cited as a need. Stakeholders recommended that professional knowledge/skill should lead the decision-making process, rather than a reliance on personal opinions or values.

Additional areas identified by community partners/stakeholders as needing improvement are:

- Collaboration between the CPS, Foster Care and Adoption Units needs to be improved.
- Inconsistent leadership and inappropriate decisions are imposed by upper management.
- The constant shuffling of RCDSS child welfare staff is problematic.
- The communication and follow through/response to emails and messages needs to be improved.
- Policies need to be consistent.
- The response time for hotline calls is delayed due to slowness in relaying information to social workers.
- RCDSS staff needs training on forensic interview techniques and substance abuse.

Community partners/stakeholders stated that it was obvious that the level of trust between upper management and the workers was very poor. The goals of Transformation may have been over-simplified and/or forgotten by some members of the RCDSS management and staff. They believed that ongoing education on Transformation is needed.

**Leadership**

The RCDSS is the second largest LDSS in Virginia. According to the VDSS automated staffing system for local departments of social services (LETS), there are approximately 500 authorized staff positions. There are approximately 115 staff members in the child welfare units of the Children, Families and Adults Division. Leadership of the RCDSS currently is provided by the Director and an Acting Deputy Director. According to the RCDSS Organizational Chart provided to the review team, eight supervisors/staff report to the Director and seven supervisors report to the Acting Deputy Director.

As a part of this review, the Director, Acting Deputy Director, former Deputy Director and other members of the RCDSS Executive Team were interviewed. When asked to rate the current staff morale at the RCDSS, the senior management team gave it an average score of 3.2 (on a scale of 1 to 10, with 10 being the highest score). One member of the Executive Team expressed to the interviewers that staff morale was the lowest she had ever experienced. **This finding is particularly troubling since the morale rating from senior management was even lower than that of staff that scored below 4 on a scale of 1 to 10, as well as the findings in the staff electronic survey where the average score on the question of morale was 1.62 on a scale of one to four.**

Low staff morale at the RCDSS also was expressed to the review team by the community partners/stakeholders, judges, GALs and city officials.

Other significant and disturbing statements were expressed by members of the senior management to the state interviewers during the face-to-face interviews. Senior management made statements such as:

- The RCDSS is not a high performing organization.
- The agency is very dysfunctional.
- Some managers and staff are placed in positions for which they are not qualified.
- There is a lack of stability in the organization and there are many silos.
- There are leadership issues and the Director is not connected to the managers and staff.
- Communications are poor from the top down.
- There is favoritism and the rules do not apply to certain individuals.
- There have been strange and unfair practices involving both hiring and terminations.
- Staff does not feel valued.
- The staff in the CPS Second Responders (after-hours) unit thinks and acts like they are a part of the police department rather than members of the RCDSS CPS unit.

**Staff Feedback**

During face-to-face interviews, the child welfare staff reported to the review team that there is low employee morale in the child welfare division and the employees do not feel valued. Many staff stated that there are inconsistent policies and practices among supervisors and upper management and they often are instructed by upper management to make decisions contrary to policy or good case practice. Staff reported that staff turnover has been high and that other staff members are looking for jobs elsewhere. There is poor communication among the child welfare units and joint unit meetings are rare. Staff is concerned about the safety of children.

## Conclusion

The child welfare units within the RCDSS are dysfunctional. They do not communicate with each other and do not communicate effectively with community partners/stakeholders, medical professionals, GALs, city attorneys and others. Upper management, program managers and supervisors are sometimes ineffective and are seen as causing a large part of the problem. There is a significant lack of leadership at all levels at this agency. The Richmond City Chief Administrative Officer and other city officials need to provide ongoing oversight of this city agency and implement immediate corrective action to address the problems, issues and findings provided in this report. A significant culture change is needed.

Corrective action needs to be taken immediately in order to provide for the safety of children. There must be a significant reorganization of the child welfare units as well as an examination of caseload distribution, effectiveness and accountability of program managers and supervisors and a review of work flows and processes. In order to provide for the proper and effective administration of social

services, the RCDSS Director and the Richmond City Chief Administrative Officer need to have regular discussions and make an immediate, detailed assessment concerning the reorganization of the child welfare units of the RCDSS.

Although the RCDSS was a CORE agency involved with the VDSS Transformation initiative beginning in December 2007, the child welfare units have lost focus and need to get back on track. In several program areas, units are not operating within state law, policy guidelines and/or sound child welfare case practice. There is a lack of a positive working relationship with many community partners, stakeholders, medical providers, GALs, city attorney's office and others. Management needs to take immediate steps to foster positive, professional working relationships with all appropriate stakeholders.

Management and staff have stated that employee morale is very low. Many staff told the review team members that the Director and several members of the Executive Team are largely ineffective, distant, unresponsive to the needs of the organization and, in some cases, the cause of the problems relating to overruling staff decisions and making unsound decisions regarding the safety of children.

Normally, upper management would be expected to take the leadership role and overall responsibility to restore confidence and increase morale among the staff. Leadership could then require managers and staff to develop and maintain positive working relationships with all community partners and other professionals. However, given the present environment at the RCDSS and perceived abuse of power by some members of the Executive Team and program managers, the VDSS is concerned about the ability of the Director, certain members of the Executive Team, Program Managers and supervisors to effectively lead the RCDSS. The Richmond City Chief Administrative Officer needs to make a comprehensive evaluation of the leadership abilities and professional skills of the RCDSS Director and members of the Executive Team. Significant professional leadership and supervision will be required to effect the many changes and strategies recommended in this report.

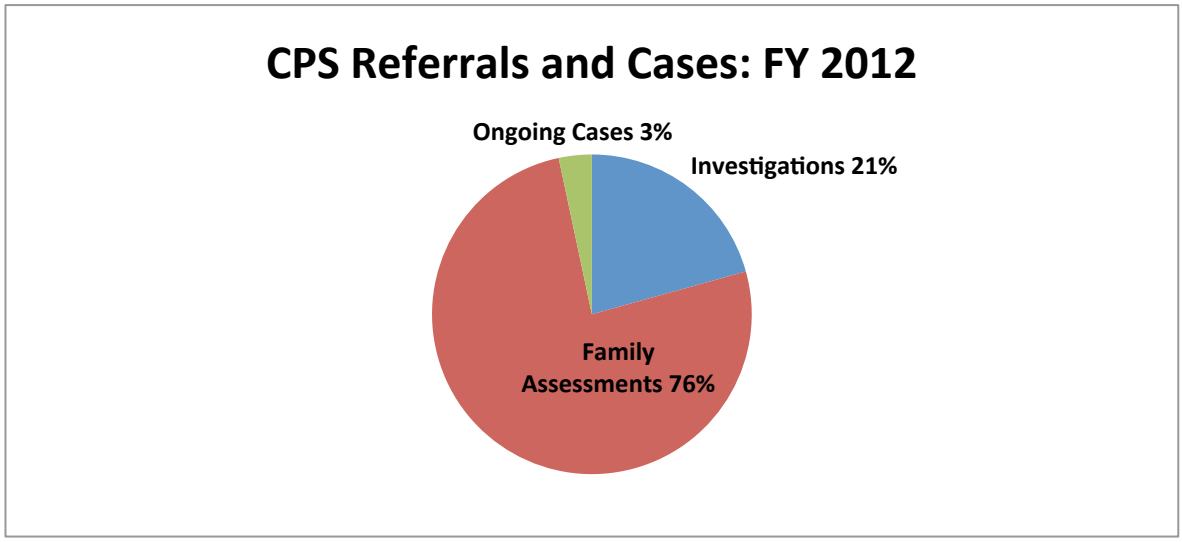
In response to the numerous findings and recommendations included in this QMR, the Chief Administrative Officer and the Director of the RCDSS need to collaborate and jointly create a comprehensive Corrective Action Plan (CAP) to be submitted to the Regional Director of the VDSS Central Regional Office on or before July 31, 2013. The CAP must include a description of the action items to be accomplished, identify who is responsible for the timely completion of each action item and state specific timelines for the achievement of each of the VDSS recommendations provided in this report. The VDSS staff will be available to provide technical assistance for this CAP but the major initiative and overall responsibility for the creation and successful implementation of the CAP rests with the Director of the Richmond City Department of Social Services.

**Child Protective Services**

Gail Heath-Davidson, QMR CPS Team Leader

A major emphasis of this QMR was to investigate the RCDSS' initial response to allegations of child abuse/neglect and child safety concerns. The sample of CPS cases included valid and screened out referrals (complaints/allegations of abuse and/or neglect of children) received from July 1, 2011 through June 30, 2012 (State Fiscal Year 2012). A smaller number of ongoing CPS cases opened during this time period were also included in the sample, primarily due to the QMR's focus on how the department handled allegations of child abuse/neglect and other child safety concerns. A total of 233 CPS case records were reviewed: 120 CPS valid referrals, 102 screened-out cases (allegations of abuse/neglect not taken under consideration for further action) and 11 ongoing CPS cases. Prior to the onsite visit, the CPS review team reviewed records for the 120 valid referrals and 11 ongoing CPS cases entered in the VDSS child welfare automated data base, OASIS. **Of the 131 valid referral case records requested for the onsite review, 37 (30%) of the files could not be located by the RCDSS.**

Since 2002, referrals are placed in one of two tracks: Family Assessment or Investigation, depending on the severity of the alleged harm/abuse/neglect. Certain types of referrals are mandated to be investigated by the Code of Virginia. In FY 2012, RCDSS accepted 1399 valid referrals. Of these, 1025 were placed in the Family Assessment track and 279 were placed in the Investigation track[6]. On average, 45 cases per month were open to ongoing CPS services in FY 2012[7] (see chart below).




Source: SafeMeasures

[6] Referral and Finding Report Data derived from the VDSS Virginia Child Welfare Outcome Report Utility (VCWOR)
[7] VDSS OASIS Statistical Case Monthly Base Report for Fiscal Year 2012 (VCWOR)

The review team noted overall policy compliance, including the use of Structured Decision-making (SDM), and some best practices with regards to the Virginia Practice Model and Transformation of Children's Services established in late 2007.

In addition to reviews of case records, the QMR team conducted individual interviews with all staff and supervisors. The RCDSS CPS program includes three intake staff who manage the hotline where CPS calls are received in the agency, two daytime units of 16 staff (two current vacancies) who respond to valid referrals, a Second Responder unit of 11 staff (one current vacancy) who handle CPS emergencies after normal work hours and an ongoing services unit of 4 staff (1 current vacancy) responsible for the delivery of CPS services to those families with a high or very high risk level. Though not part of the CPS program, there are three Family Preservation units with 23 total staff handling screened out CPS referrals (those not meeting criteria for a CPS response) and referrals from other agencies.

The CPS review team found CPS staff to be dedicated and committed. The practice of Team Decision-making (TDM) meetings where family members, their supports and professionals involved with the family provide input into critical decisions about child safety and placement is embraced by staff. In the sample pulled, 82% (85 out of 103) first contacts were completed or attempted within the designated response time. In January 2012, RCDSS responded to 91.87% of referrals within the designated response times, compared to a state average of 88.29%.[8]

A sample of "screened out" referrals not meeting validity criteria was reviewed. Reviewers noted that, overall, RCDSS screened out referrals correctly. For FY2012, the state averaged a 40% screen out rate. The RCDSS average screen out rate was slightly lower than the state average at 32%[9].

Staff is utilizing the Structured Decision-making tools. CPS ongoing staff also uses the Family Strengths and Needs Assessment before formulating a service plan and the risk reassessment tool to evaluate whether the interventions put in place for the family has caused a reduction of risk.

A well-trained staff is critical to properly performing CPS functions. The State Board of Social Services established a mandated training plan for all CPS staff statewide. An examination of RCDSS training transcripts revealed none of the CPS staff have completed all of the mandated training. Training was listed as one of the three top concerns by a majority of those interviewed. Staff reported not being able to attend training due to a lack of staff to handle the day to day program issues.

Prior to the review, the local media raised a concern for child safety and the inability of staff to file protective orders (PPOs) with the court. Also noted was the high number of Family Assessments with very high or high risk levels not being opened to CPS ongoing services.

[8] VDSS CPS Contact Timeliness Summary Report, January 2012.
[9] OASIS Referrals and Findings Report

## CPS FINDINGS AND RECOMMENDATIONS

## TRAINING

### CPS Finding-01:

Mandatory training requirements have not been met by CPS staff. Making sure staff complete mandated training is a supervisory function. The State Board of Social Services established a mandated training plan for all CPS staff statewide. An examination of RCDSS training transcripts revealed none of the CPS staff have completed all of the mandated training. Training was listed as one of the three top concerns by a majority of those interviewed. Staff reported not being able to attend training due to a lack of staff to handle the day to day program issues. Effective March 1, 2013, twenty-four hours of ongoing training is required annually for all CPS staff, beginning the third year of employment.

### Recommendation:

Supervisors should immediately review staff transcripts and ensure that CPS staff receives all of the required mandatory training offered by the Virginia Department of Social Services as soon as possible.

## INTAKE

### CPS Finding-02:

With only one supervisor validating/assigning reports, a potential for delay in assigning referrals exists. The agency lacks a system or process to ensure that the agency hotline calls are answered timely. Two daytime units handle the majority of family assessments and investigations for RCDSS. All CPS-related calls are handled by the agency's hotline. Referrals (complaints related to allegations of child abuse and/or neglect) are documented in the state automated data system (OASIS) and sent to one of the two CPS supervisors of the daytime units. These supervisors validate and assign the referrals to the CPS staff. During the onsite review, one of the two daytime supervisors was on medical leave until March 2013, leaving one supervisor responsible for the supervision of 15 CPS staff. This was not a feasible or workable situation.

Community partners reported concerns with calls not being answered by the local agency hotline staff. In one instance that occurred during this review, the police dispatcher was told by the CPS supervisor to call the state CPS hotline rather than taking the information when the caller was on the line. Action to address the agency's responsiveness to calls of alleged child maltreatment should be addressed and remedied immediately. The RCDSS phone system needs to be modified or enhanced in order to allow an alert to the CPS intake staff of CPS-related calls that are waiting in a "queue". This type of telephone system will assist staff in ensuring that callers are not waiting indefinitely to report general CPS concerns or to report allegations of child abuse and/or neglect.

**Recommendation:**

Review the process for validating referrals. Consideration should be given to create a plan to make sure there is adequate hotline coverage during regular business hours, as well as streamlining the process of validating and assigning CPS referrals. The agency should conduct a time study of the hotline to gain detailed knowledge of the hotline operation in order to assess performance. The data gathered for an analysis should include the types of calls received, average call duration and call volume during specific periods of the day, week and month.

By assigning a seasoned CPS senior worker to oversee the hotline operation and to assist with referral validation to reduce the delay in assigning and responding to CPS referrals, the unit should see an increase in efficiency. Questions regarding validity can be discussed or staffed immediately with a CPS Supervisor or Program Manager, if needed.

**CPS Finding-03:**

Staff reported a lack of planning for coverage of caseloads/supervision when staff either leave the agency or is on extended medical leave or vacation leave. The lack of planning and coverage for vacant caseloads creates significant safety concerns for identified children and families. CPS currently has only one daytime CPS specialist who handles trauma referrals and high profile cases.

**Recommendation:**

Develop a written protocol for caseload and supervisory coverage. Some agencies utilize senior workers for supervisory coverage. Develop a process for re-evaluating and re-distributing cases when staff are on extended medical leave, leave the agency, or are transferred within the agency. Due to the volume of trauma referrals, the agency should consider increasing the number of CPS specialists to four.

**INVESTIGATIONS/FAMILY ASSESSMENTS:**

**CPS Finding-04:**

Communication within the CPS program is lacking. Direct supervisory oversight of staff case management and practice to comply with legal mandates and good casework practice is needed. Staff needs regular, one-on-one supervision.

Staff interviewed stated concerns with the two CPS units who function independent of each other. Internal communication was listed by the majority of staff as one of the three top work-related concerns. While individual supervisors do conduct monthly unit meetings, it is rare that all of the service units within the CPS program meet together.

Staff reports a lack of confidence in supervision and upper management. While one-on-one supervision was mentioned, the practice is not occurring regularly in the CPS intake units. The role of the supervisor is important to achieving the desired organizational outcomes related to child

safety, well- being and permanency. Quality supervision helps workers increase knowledge and gain skill to adequately assess and effectively make critical casework decisions. Supervisory staffing provides an opportunity for staff growth and can function as part of staff performance evaluations.

Many staff interviewed stated they fear retribution for speaking up. Some feel this impacts the opportunity for career advancement and staff morale, which was scored below 4 out of a possible score of 10.

**Recommendation:**

Develop a plan to improve communication among all staff within the CPS program area to promote and help achieve good casework practice. Regular meetings should be scheduled to include all staff in the CPS programs, including both day and after-hours unit staff. The meetings should include all aspects of the CPS program. Consideration should be given to requiring one-on-one supervisory staffing with all CPS staff. Conducting regular meetings will allow workers and supervisors to discuss and plan case-related activities.

**CPS Finding-05:**

While the agency maintains a centralized records/file room, the CPS program does not utilize this system. During the onsite visit, the team reviewed 83 hard copy case records. Prior to the onsite visit, the review team asked the RCDSS to pull a list of 120 valid referrals and 11 ongoing cases selected for review. Of these 131 valid referral case records requested, 37, or 30%, could not be found and, to date, have not been located by the RCDSS.

The review team was told by some staff that files were shredded or destroyed when staff left the CPS unit. No one, including the agency Director, could account for the missing files. Keeping confidential CPS files in non-secured space is a liability for the agency. Disregarding the retention requirements for CPS files established in the Code of Virginia violates that mandate. Further, the Library of Virginia issues regulations regarding the retention and disposition of state and local public records and the RCDSS must follow these.

The hard copy files reviewed were labeled in various ways; some by the family name, some by a number. Since OASIS assigns a number to each referral, using the OASIS number as the identifier for hard copy files is an appropriate method to label files. Some agencies use colored folders to designate certain types of CPS cases, such as the founded Level 1 sexual abuse files that are required to be retained by the local agency for 25 years past the date of referral.

**Recommendation:**

Review and refine RCDSS policy regarding recordkeeping. RCDSS Policy No 1.8 regarding CPS case closure and retention of files is on the internal website, but the effective date and approval signature are missing.

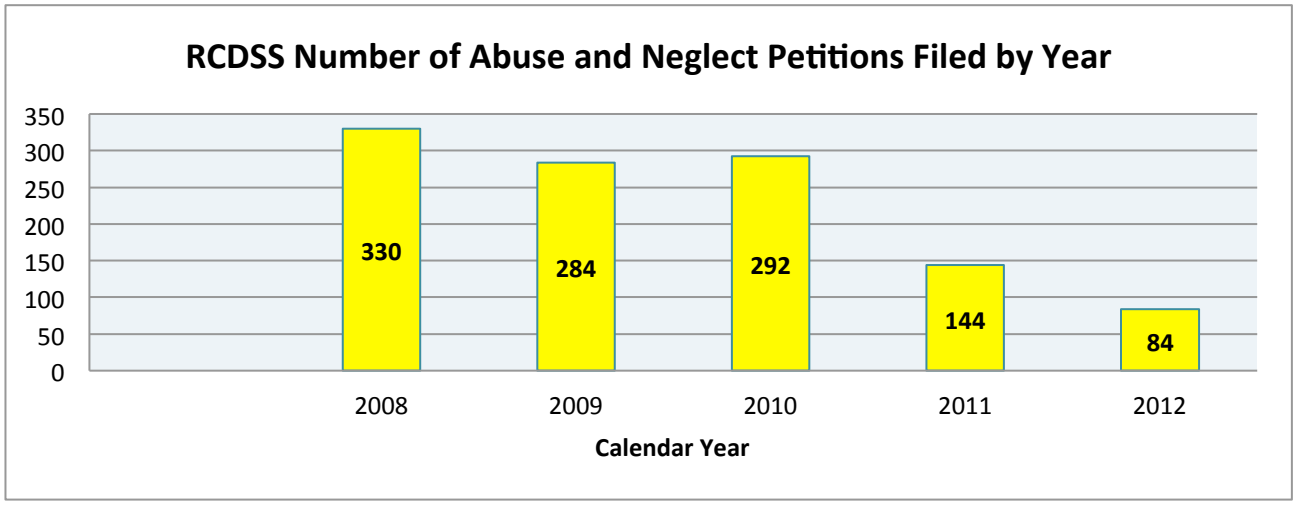
RCDSS meets the mandate of interviewing the victim child/children, alleged abuser/neglector, non-offending caretaker, siblings and pertinent collaterals. However, of the files reviewed, few reflected engagement strategies that are critical to not only the family's recognition of safety/risk factors but also their commitment to change. Many referrals included substance abuse and medical issues which were not documented as being examined by CPS during the course of the Investigation or Family Assessment. Performing adequate assessments includes an examination of family strengths and needs. Identifying potential relatives in the event a placement is needed also begins with CPS. Most files reviewed did not include documentation that such a discussion took place. Some agencies utilize genograms to facilitate gathering this information.

**Abuse and Neglect Petitions**

Use of the court to help ensure compliance was strongly discouraged by upper management. In one of the cases reviewed, medical professionals determined a child to be at risk of irreparable damage or death but CPS staff was told by upper management that protective custody was not an option/solution for that case. Workers stated these types of situations posed an ethical dilemma for them in their mandate to help guarantee the safety of children.

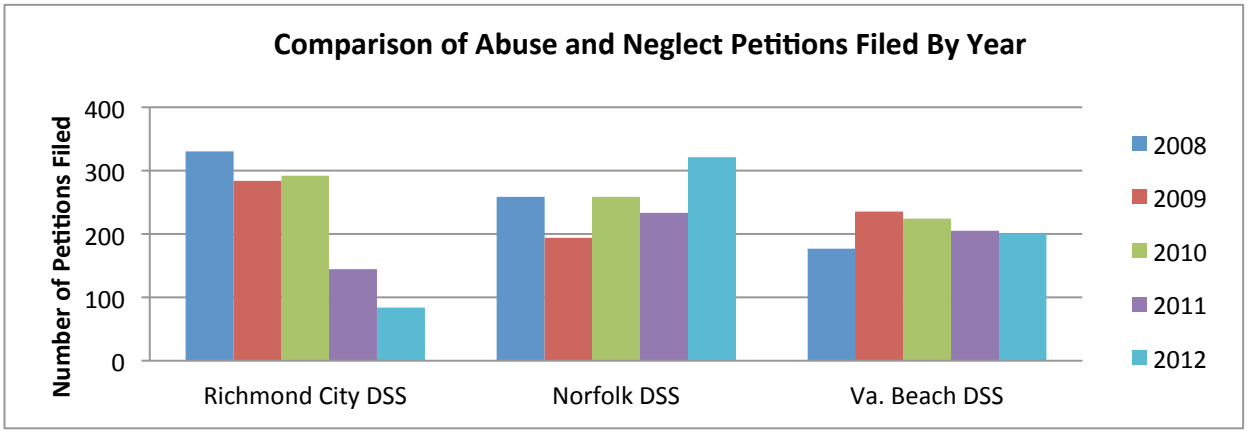
Prior to the review, the local media also raised concerns about child safety and the inability of staff to file protective orders with the court. Concerns were also raised about the high number of Family Assessments with high risk designations that were not opened to CPS ongoing services in Richmond.

Emergency removal orders (EROs) are filed when a child is in imminent danger of irreparable harm if left in the current situation. Preliminary protective orders (PPOs) require the caretaker/guardian to comply with services, including evaluations needed to keep the child safe. From 2008 to 2010, the number of petitions filed by RCDSS ranged from 330 to 292. In 2011, only 144 abuse/neglect petitions were filed. In 2012, only 84 petitions were filed on behalf of children.[10] This reflects a 75% decrease in petitions filed by the RCDSS within a five year period.




[10] Data derived from Virginia Supreme Court records.

The number of RCDSS abuse and neglect petitions significantly decreased over the past five years, while the number of abuse and neglect petitions filed by other large municipalities remained fairly constant. The chart below illustrates significant differences in the numbers of EROs and PPOs filed by Richmond when compared to Norfolk and Virginia Beach.




Source: Virginia Supreme Court

This significant decrease reflects a shift in the agency upper management philosophy and practice of controlling the number of children coming into foster care rather than a drastic change in the behaviors of caretakers and ignores the concerns of safety for children.

**CPS Finding-06**

CPS has seen a 71% decrease in the use of PPOs and EROs over the last two years.

**Recommendation:**

RCDSS must follow the Code of Virginia, §16.1-251 -252, and CPS policy in filing abuse and neglect petitions to ensure the safety of children. RCDSS management needs to reassess its internal policy for determining the need to file Emergency Removal Orders (EROs) and Preliminary Protective Orders (PPOs) and take the necessary corrective action to adequately provide for the safety of children.

**CPS Finding-07:**

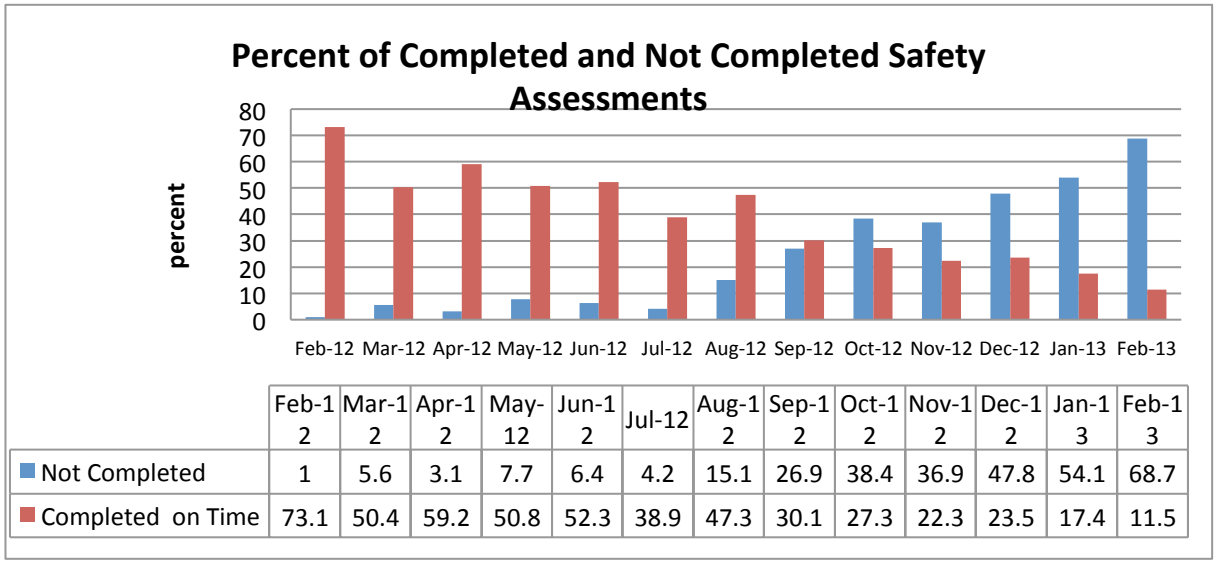
RCDSS' CPS Unit has seen a 203% increase in overdue referrals in the last 12 months.

The review of OASIS data indicated that a total of 303 referrals were open for more than 60 days[11]. Several caseloads have overdue investigations, including out-of-family referrals. One year ago, there were only 100 referrals that were more than 60 days overdue. When referrals linger in a worker's caseload for 4-6 months, delays in service delivery are much more likely to occur. If a

[11] Safe Measures Referral Time Open Report as of February 25, 2013

referral remains open for more than 60 days, a monthly contact is expected to be made. For high risk referrals that should have been opened to ongoing services, a delay might trigger subsequent referrals on the same child/children since no one is working with the family on significant issues.

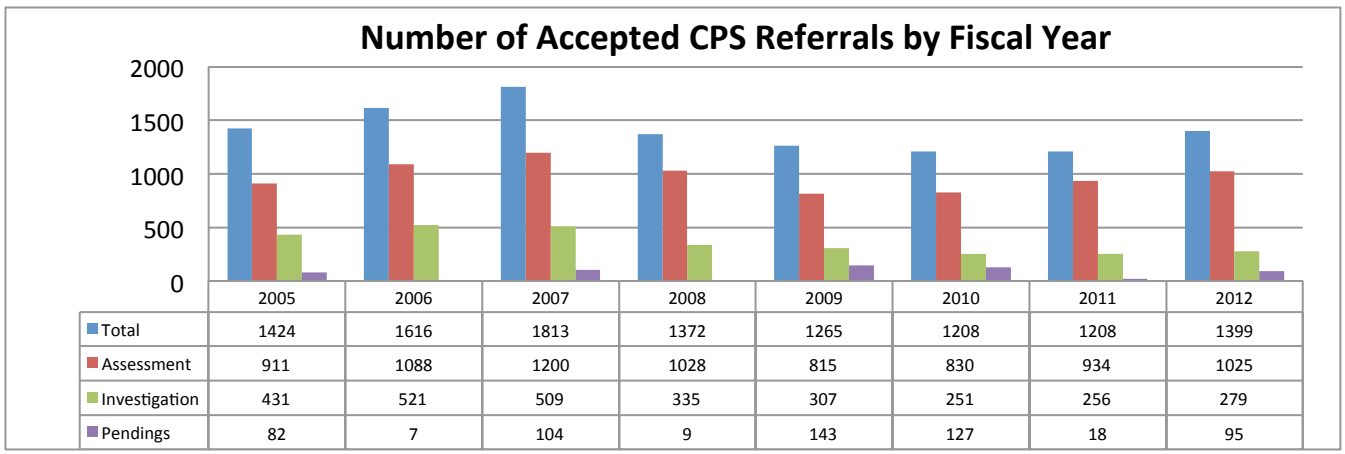
A report from Safe Measures indicates a significant increase in the number of initial safety assessments not completed in a timely manner, from 1% in January 2012 to 68.7% in February 2013. Assessing safety usually involves a face-to-face interview with the child/children and the caretaker(s). CPS policy requires documenting the safety assessment in the OASIS database within three working days.




| | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | Sep-12 | Oct-12 | Nov-12 | Dec-12 | Jan-13 | Feb-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Not Completed | 1 | 5.6 | 3.1 | 7.7 | 6.4 | 4.2 | 15.1 | 26.9 | 38.4 | 36.9 | 47.8 | 54.1 | 68.7 |
| Completed on Time | 73.1 | 50.4 | 59.2 | 50.8 | 52.3 | 38.9 | 47.3 | 30.1 | 27.3 | 22.3 | 23.5 | 17.4 | 11.5 |

Source: SafeMeasures

Caseload size and staffing vacancies impact workloads and compliance with timelines for completion of referrals. Since 2004, the number of referrals processed has both increased and decreased with the highest number accepted in FY 2007 (1,813), the lowest number accepted in FY 2010 and 2011 ( 1,208 in both years)[12].




| | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|---|---|---|---|
| Total | 1424 | 1616 | 1813 | 1372 | 1265 | 1208 | 1208 | 1399 |
| Assessment | 911 | 1088 | 1200 | 1028 | 815 | 830 | 934 | 1025 |
| Investigation | 431 | 521 | 509 | 335 | 307 | 251 | 256 | 279 |
| Pendings | 82 | 7 | 104 | 9 | 143 | 127 | 18 | 95 |

[12] Referral and Finding Report: FY 05-12. VDSS VCWOR 3.86.

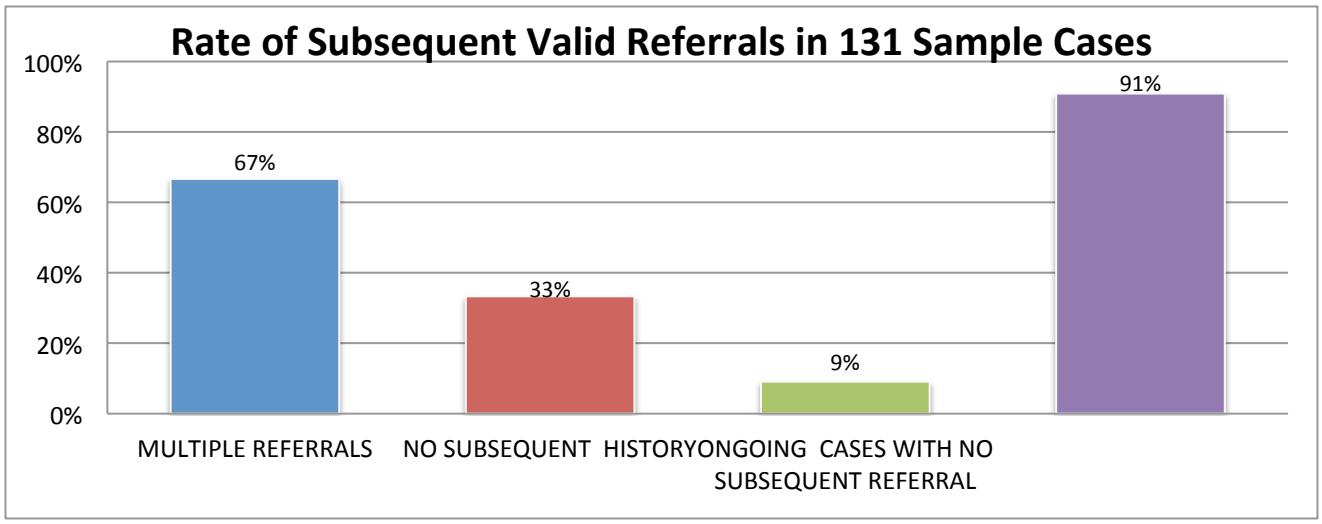
**Recommendation:**

RCDSS should develop a plan, including a specific timeline, for staff to complete overdue referrals.

**CPS Finding-08:**

RCDSS transfers a very low percentage (1.06%) of high or very high risk referrals to CPS ongoing services. With the implementation of Structured Decision-making in 2011, the recommendation/practice is to transfer high risk referrals to CPS ongoing services. Research demonstrates the provision of services to those families with high risk reduces recidivism. This relationship is further demonstrated in that RCDSS has a very high rate of subsequent referrals. In the 120 valid referrals reviewed, eighty (67%), had multiple referrals and 10 of the11 (91%) ongoing cases reviewed had multiple referrals.

In FY 2012, the RCDSS had a high volume of referrals (516) with high or very high risk; 67 were Investigations and 449 were Family Assessments. The OASIS case report for FY 2012 indicates an average of only 45 open CPS ongoing cases. While those interviewed consistently reported that Richmond City is rich in available resources, the RCDSS is not providing families services through the CPS ongoing program. This explains the high percentage, 67%, of repeat referrals found in the case review.




**Recommendation:**

RCDSS needs to review CPS guidance (policy) around case openings. For those high or very high risk referrals not opened per policy, an appropriate explanation needs to be documented in the Family Assessment or Investigation referral closing summary. Management needs to evaluate staffing of the CPS ongoing unit and reallocate staff, as needed, to handle the potential influx of high or very high risk case openings in the ongoing unit.

## SECOND RESPONDERS (SR)

This program/unit previously was recognized in the 2005 VDSS Quality Management Review as an innovative approach to CPS after-hours coverage. However, the lack of a written protocol for the unit creates confusion and little confidence in how the team supports the CPS program. Community partners expressed frustration in the low rate of response after normal business hours. One hospital reported a 10% response rate by the SR staff. This lack of response has led medical professionals to find ways to manage these CPS situations without CPS support. A lack of response by SR staff places an additional burden on the CPS day staff and gives a conflicting message to community partners/mandated reporters about CPS being responsive 24 hours a day, 7 days a week.

Second Responder staff handles a broad range of situations including domestic violence, crisis intervention, homeless intervention and also assist police. CPS staff interviewed stated that the SR staff relates more to the police and police-related situations rather than the RCDSS CPS matters.

The volume of calls handled by the SR unit is unclear. Staff reported and case reviews confirmed the practice of "handing over" to the day staff reports previously taken by SR after normal business hours. Several SR referrals reviewed document a duplication of efforts when day staff have to re-interview mandated contacts already interviewed by the SR staff. Since SRs are able to make most of the mandated contacts in a referral, assigning the referral to the SR staff for completion, including the provision of all required documentation should be done and also would help to redistribute the workload among the CPS staff.

The Second Responder unit includes 11 staff (one current vacancy) and 1 supervisor. There are 5 social workers on-call after normal business hours. This number of staff is much higher than the number of after-hours staff utilized by other agencies of similar size.

As examples:

- Norfolk DHS has two full-time staff on its after-hours team.
- Virginia Beach DSS has 2 social workers and a supervisor on call each night from 4 pm until 8 am. They work 2 weeks of nights, one week of days and then one week when they are off the schedule and they are required to complete the documentation of referrals.
- Fairfax DHS has one social worker and one supervisor on call after-hours.
- Prince William County DSS has a team consisting of one manager, one social worker and 5 social worker IIs on call until 10:00pm. After 10:00 pm, 2 CPS workers and one supervisor/manager are on-call.

**CPS Finding-09:**

There is no written protocol for the Second Responder staff. Second Responder staff should limit their work only to RCDSS CPS situations.

**Recommendation:**

Management should reassign four or more Second Responder CPS specialists to the CPS day staff. Develop a written protocol for responding to CPS referrals after normal business hours, to include a defined process for logging in referrals, staffing, processing and follow-up of referrals. Assess the current SR staffing. Adopting appropriate staffing needs and developing work schedules similar to the other four, large agencies listed above might address the need for additional CPS day staff, which would have a positive impact on staff workloads as well as morale. Management should relocate SR staff from the police precincts to the RCDSS or to an on-call process from home.

## CPS ONGOING SERVICES:

Overall, CPS Ongoing Services are underutilized by RCDSS. At the time of the review, there were 516 Family Assessments/Investigations that were determined as high risk, but only 37 cases were opened to ongoing services. The transfer sheet contains the information needed to begin the assessment of strengths and needs. Monthly contacts were made in all but two of the cases reviewed. Although not always behaviorally specific, service plans included the domains on the SDM Family Strengths and Needs tool. However, mistakes made on the first family risk assessment done by initial workers could have impacted the effectiveness of the ongoing worker ability to develop a service plan that addresses the risk factors. In three of the eleven ongoing cases reviewed (27%), risk was not reassessed every ninety days, as required. Most of the service plans reviewed were not signed by the family, as required. For some case records, there was no documentation that reflected the family's involvement in the development of the service plan. One case was opened to ongoing services, but there was no CPS referral associated with the case opening. Most of the cases lacked service plans that addressed the risk factors and monthly contacts with the child/family rarely mentioned the service plan and goals.

**CPS Finding-10:**

The RCDSS does not follow SDM and CPS policy guidelines for opening very high or high risk referrals to ongoing services. This accounts for the high number of repeat referrals (67%) found in those case records reviewed.

**Recommendation:**

Open ongoing CPS cases based on risk. Management needs to immediately change the current departmental approach and open all high risk referrals to CPS ongoing services as required by policy. In those few cases where the agency closes a referral without opening it to ongoing services, the social worker will need to provide adequate documentation and rationale in the case's closing summary. Management should reallocate staff to handle the potential increase in the number of CPS ongoing cases that may result from implementing this recommendation.

## Permanency (Foster Care and Adoption)

Jane Joyner, QMR Permanency Team Leader

The Richmond Department of Social Services' Permanency Program was assessed and evaluated based on how the agency applies the tenets of Transformation and the Virginia Children's Services Practice Model.

This review focused on the following key areas:

- The adoption of the state-wide philosophy that supports family-focused, child-centered, community-based care with emphasis on permanency for all children (Virginia Children's Services Practice Model (See Appendix D);
- Outcome measures of the Federal Child and Family Services Review (CFSR) criteria;
- The implementation of the statewide strategy to increase the 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;
- The use of defined performance measures for monitoring and providing a quality assurance system to identify and measure outcomes, monitor quality of practice and improve accountability (SafeMeasures data base); and
- Managing by Data.

### Methodology of Selected Information for the Review

The Richmond City Department of Social Services had 188 children placed in their custody at the time of the review. Fifty cases (27% of total caseload) were selected for this review. Agency compliance and implementation of best practices around safety, permanency and well-being were evaluated.

The breakdown by category for the cases reviewed includes the following:

| Number of Cases Selected for Review | Goal |
|---|---|
| 8 | Return Home |
| 8 | Adoption |
| 1 | NA/CPS Only |
| 7 | Relative Placement |
| 7 | Independent Living |
| 12 | Permanent Foster Care |
| 2 | Another Planned Permanent Living Arrangement |
| 4 | To Be Determined |
| 1 | Closed Adoption Case |

This sample is based upon the identified goal, age, race and assigned worker. This sample also includes a number of children who re-entered foster care and a number of foster care cases involving constituent complaints made to the VDSS from community partners/stakeholders.

**Review elements included:**

**Safety -** previous involvement of Child Protective Services (CPS) and/or Family Preservation for children entering foster care; children in foster care placements; appropriate discharge planning; and level of visitation during the foster care episode.

**Permanency -** the establishment of appropriate goal identification and selection of foster care placements; appropriate assessment/service provision around the needs of children and families; and the consistency and effectiveness of family engagement per Team Decision-making (TDM) meetings.

**Well-being -** monthly worker visits as they relate to addressing the child's educational, physical health, mental/emotional health, and behavioral needs while maintaining a child's connections to family and the community.

## Safety

Several of the foster care cases reviewed for this QMR received previous services from Child Protective Services (CPS) or Family Preservation (FP) units. There was a lack of assessment information in the initial foster care service plans to explain what led to the removal of the child or children from the home.

There was no documentation that meetings were held between CPS, FP and FC units to ensure a smooth transition from one worker to another worker. Overall there is a lack of clear and adequate communication among FP, CPS and FC staff.

There are major communication barriers among the staff working in the RCDSS child welfare programs, creating a serious and fundamental problem. There were cases that were previously opened to the agency for prevention services that did not achieve improvement or progress. Children remained with their caretakers and continued to be at high risk before they were removed and eventually placed in foster care. As an example, one case record entry indicated that the Foster Care Social Worker of two children requested a protective order to protect an infant sibling who remained in the home. After consultation with the RCDSS city attorney, it was determined that there was evidence of high risk of abuse and neglect and the infant should be removed from the home. However, the RCDSS CPS Program Manager dismissed the recommendation of the social worker and the city attorney. The infant eventually was removed from the home seven months later.

Other case examples of safety concerns prior to foster care placement included the following:

- Inadequate assessment of relatives. Children were placed with these relatives and subsequently entered foster care due to the relatives' inability to provide safe supervision or care.
- Inadequate assessment of a mother's mental health status and unsafe behaviors impacted the safety needs of her infant. The child was eventually removed from the care of the mother, however the removal should have occurred much sooner.

- A family had a history of involvement with CPS since 2004. There was a history of drug abuse, domestic abuse and lack of proper supervision. Three older children were removed from the home and placed with relatives. From 2010 through 2011 there were several CPS complaints and safety plans created. The youngest child had several behavior problems with no assessments performed. With several documented risk factors, the child was eventually placed in foster care and the parents voluntarily relinquished their parental rights. This case should have been opened simultaneously to both Foster Care and CPS and the child should have been removed from the home.

For the majority of cases reviewed, documentation indicated that children were safe during their placement in foster care. However, there were instances when abuse/neglect was alleged but not founded in foster care homes. The following examples show the need for improvement in this area:

- A case record did not contain documentation that the agency made any follow up contacts with a youth placed in a residential placement who alleged that she had been sexually abused.
- There were two allegations of abuse by a foster parent. The incidents were documented in the automated system (OASIS) case record narrative, but there was no follow up information regarding the outcome of the investigation in the case record. It later was reported that the allegation was screened-out by CPS staff.
- In another case, the foster care worker discussed with the supervisor concerns with a non-compliant foster parent who was not providing adequate supervision for a teenage youth. According to the documentation in the case record, the supervisor did not agree with the worker's recommendation to move the child. Subsequently, it was learned that the youth became pregnant and the alleged father was another foster child living in the home.

There were several case examples of children with appropriate goals and where there was positive progress in the achievement of the permanency, including:

- Immediate initiation of Interstate Compact for the Placement of Children (ICPC) after foster care entry resulted in a family member adopting the child;
- Family team meetings (FTMs) held prior to reunification with detailed discharge plans;
- Encouragement provided by participants of the FTM to support a youth with the goal of Independent Living to continue his efforts, dissuading him from dropping out of the program; and
- Termination of parental rights was completed in a timely manner to achieve permanency for the child.

There also were many cases reviewed which did not provide any structure or specific plans for the child's ultimate goal of reunification, adoption or placement with relatives obtaining custody. Many service plans reviewed did not specify who was responsible for the provision and delivery of services- whether it was the social worker, community partners or parents. There were no clear guidelines or a unified protocol for discharge practices that would best provide for the child's safety, well-being and long-term permanency.

Of the fifty cases reviewed, 14 cases (28%) had one or more foster care episodes. Many of the children re-entered foster care within 12 months. Re-entry into foster care within 12 months is one of the federal measures of permanency outcomes for children. Moreover, the Virginia Child Welfare Outcome Report indicates that in 2011, 13 children in the City of Richmond re-entered foster care within 12 months, 14% of all foster children in the custody of RCDSS. In comparison, the statewide re-entry rate for all foster children in Virginia during 2011 was five percent.

These cases shared common factors contributing to the reasons for re-entries. A strong association was the lack of complete and comprehensive assessments in identifying risk factors that help in determining a good prognosis for reunification. Those cases with two or more foster care episodes revealed repeat maltreatments of the child. For example, a child who had two previous re-entries to foster care was sexually abused by an older sibling, then returned to the home, then sexually abused by the mother's boyfriend.

Due to the lack of adequate documentation in some case records, it was difficult to determine if the child and family were receiving adequate supervision services such as in-home and wrap-around services to stabilize the reunification. In another case, re-entry occurred after the child was placed with a relative. The re-entry was caused when RCDSS did not properly and carefully assess the protective capacities of the relative selected for placement.

Reviewers found no safety issues when children visited with their parents or family members. When indicated and/or ordered by the court, the agency made sure that visits were properly monitored and supervised.

**Permanency**

After reviewing 50 foster care case records, the overwhelming number of findings indicate that the agency needs to evaluate and address their understanding of concurrent planning, appropriate use of foster care goals and how goals are selected in order to promote long term permanency.

In general, upon entry into foster care, the primary goal of "Return Home" was often the only goal selected. In most cases, it is in the child's best interest to have a concurrent goal.

To demonstrate such a recommendation, one case reviewed documented that the mother had a significant mental health history, was verbally aggressive and non-compliant in taking her required medication. In this case, a plan of "Return Home" as the primary goal with a concurrent goal of "Placement with Relative" or "Adoption" would have been appropriate. The process of concurrent planning expedites the process of goal achievement as each goal is pursued simultaneously, often allowing permanency to be established in a timely manner.

Federal law requires that relatives be notified of a child's foster care placement within 30 days of the placement. This is an important requirement leading to a process which can clearly alter the future of the child if the child can be placed with a caring and willing family member.

Case records reviewed indicated incomplete and/or inconsistent relative searches performed by staff at the time a child enters foster care. Additionally, there was insufficient documentation in OASIS or in the hard copy case records that thorough relative searches were completed. In some cases it

was documented that family members were located but it could not be determined if the relatives were ever contacted by staff. Several hard copy case records did not have relative notification letters, as required by law. In many cases, relative searches were initiated months after the child entered foster care.

Several cases that had previously received CPS/FP services had no evidence of relative searches, even though those cases had been opened for several months or, in some cases, for several years. In some cases where family members were identified, the child was placed with the relative, but there were insufficient assessments performed. These insufficient assessments resulted in the child return to foster care. During staff interviews, some foster care social workers reported confusion regarding the agency's internal relative search policy/process. They were not sure who completed relative searches nor were they aware of any written guidelines, policy or procedures related to relative searches.

The VDSS reviewers have a serious concern about the local agency's practice of excluding certain family members during the process of relative searches. In several of the cases reviewed, fathers were not contacted or engaged in any way nor were the paternal families contacted as a part of the relative search process. However, the mother and maternal relatives were contacted and considered for the child's placement without a continuation of the relative search to include the father and the father's family, as required by policy.

Case records reviewed with the goal of adoption revealed delays in establishing the child's paternity or, when relatives were identified, there was lack of documentation about who was considered as a possible placement and why other relatives were ruled out. In one case, the Termination of Parental Rights (TPR) was completed, but is now being appealed by the parents. However, the agency did not document any concurrent actions to recruit families or discuss adoption with the foster parents or with any relatives.

Concurrent planning is recommended so that a child can be placed immediately for adoption if the TPR order is upheld. In several of the case records reviewed, there were examples of children who had been in care for several months but the movement toward TPR was delayed with no documentation explaining reasons for the delay.

There also is some confusion among staff related to the adoption process and best practice. As an example, a sibling group of three children were placed together in foster care. However, one sibling's biological aunt, not related to the other two siblings, agreed to adopt the one child related to her. The child's Guardian ad Litem (GAL) emphasized to the agency staff the importance of the three children being placed together. Following the GAL's recommendation, the aunt was asked and agreed to adopt all three children.

In several cases reviewed the agency staff identified the child's foster care goal as Permanent Foster Care (PFC). **However, many of these children were placed in congregate care (group homes or residential treatment facilities) without an identified, significant foster parent relationship, as required by state law.**

There were some children with the goal of Adoption and with a concurrent goal of PFC. However, there was no documented information that diligent efforts were made toward the goal of adoption. Furthermore, PFC is an *alternative* goal and is not an appropriate **concurrent** goal.

PFC is not an appropriate goal for concurrent planning and is not acceptable for a child who is not placed in a foster home where a significant relationship exists. The following are other examples found by the reviewers of the inappropriate use of the goal of PFC:

- The court approved the goal of PFC but there was no PFC Agreement in the hard copy case record and the child's age was not 12 years or older to comply with state law for PFC.
- A child was moved from his PFC placement but there was no court hearing to dissolve the agreement or change the goal.
- PFC was approved by the court but there was no identified family, as required by state law.
- PFC was the first goal upon the initial entry of the child into foster care.
- PFC was approved and parental rights were terminated but there was no discussion with the foster parents or the child about adoption.

The overwhelming results of the case records reviewed revealed that child and family assessments are rarely completed and documented in the automated system, OASIS. In the few cases where they were entered, the information provided from CPS, Family Preservation and Foster Care workers, was insufficient. An assessment should include the causes for removal, any previous services provided that were found to be unsuccessful, a social history of all family members, and current needs of parent(s) and the child/children. This information is critical in the process of selecting the most appropriate placement and the correct type/amount of service provision.

The continuation of re-assessing and updating the assessment continues to be a critical component of securing safety, permanency and well-being for a child. However, during the review of case records, it was found that assessments received little, and in some cases, no attention by staff. There were no agency guidelines or specific protocol as to how and when children were to be assessed or how to select placements for them.

Reviewers found several examples of court ordered/approved parent capacity evaluations and recommendations for psychological evaluations in service plans. However, either the evaluations were not completed or they occurred several months or even years later. In the few cases where psychological testing was completed, the report was found in the hard copy case record but the results and critical information from the reports were rarely found in the OASIS narrative, the foster care service plan or discussed as it related to the child's needs and achievement of the goal. Therefore, the identified foster care goal and services provided to the child and family were not appropriately matched to achieve the best outcome.

Some good examples of contemplative assessments and planning were noted by reviewers. In one case, diligent efforts were successful in matching a medically fragile child with a foster parent who also was a nurse. In addition, the foster care worker participated in a regional Permanency Roundtable meeting and developed an action plan to identify and secure services for the child's parents.

In several cases reviewed, a child was placed in close proximity to the parent to promote ongoing contact, communication and visitation. Although there were cases reviewed where the siblings were separated, it was apparent that, in those cases, the agency considered the importance of placing siblings together. Regular and frequent visitation for separated siblings was variable, based on individual social workers and relationships with the individual foster parents. In general, sibling contacts with face-to-face visits, phone calls and emails were promoted and encouraged.

Foster care staff stated that there was overwhelming support and satisfaction with the agency's practice of Family Engagement and family Team Decision Meetings (TDMs). Staff expressed that TDMs promote family and agency communication. By bringing relatives together to provide family support, the practice diverts the child from entering foster care and promotes quicker discharges to permanent placements for children.

Documentation in the majority of cases indicated that there were no subsequent TDM(s) once the child was in foster care. TDM(s) occurred routinely upon entry into foster care but were sporadic thereafter. Policy requires that TDMs should take place at other critical decision points, such as (1) before reunification (2) at the time of a goal change (3) a placement change (4) or by requests made by the parent, foster parent, social worker or child. Use of TDMs did not appear to resolve conflicts, preserve placements or expedite a child's achievement of permanency.

**Well-Being**

In the majority of cases reviewed, worker visits were in compliance with the mandated monthly visits required for children in foster care. Very few cases showed severe gaps or lapses of visits for extended time periods. The quality and meaningful visit with attention to the child's overall well-being was variable and depended not only upon the practice of the individual foster care social worker but also upon the practice of the worker's supervisor. Some Foster Care supervisors reviewed the information entered into OASIS and documented their supervision/worker conference notes in the case narrative. Most case documentation captured the content in discussing with the child and the foster parent issues of education, physical and mental health needs. However, there did not appear to be any agency standards for documentation to fully address these issues in detail and with consistency across the permanency units.

Visitation for children and parents was clearly encouraged and agency staff engaged the family to participate. Visits were frequent; at least weekly for most cases. There were good examples of consideration given to family members' working schedules and accessibility to visit with their children. In one case, the parent was able to visit with her child frequently in the child's foster home. Diligent efforts by the agency were evident in maintaining family connections with the child, but in some cases it was the parent or prior custodian that was sporadic in their participation. An area needing significant improvement was more thorough documentation of visits and visitation plans in the foster care service plans.

It was noted by the reviewers that the child usually received better services to assess their needs than did their parents. In general, children received routine medical and dental exams with documentation found in the hard copy case record. Worker visits to schools and participation in

Individual Education Plans (IEPs) were documented. There were cases which documented efforts to provide educational programs, tutoring and other related resources for the child/children in care.

In a few of the cases reviewed, the child was moved to a new school based on the foster home's school district assignment without consideration of allowing him to remain in his present school, if in the best interest of the child. However, there was a lack of consistency in documenting this type of information. Some workers did initiate the "Best Interest" determination process for the child to remain in his/her present school. In one case reviewed, the foster care social worker told the child he could not remain in his present school since the new foster home was in another school district. The child clearly expressed his wishes to remain in the same school and was described as disappointed when his desire was not met.

There was good documentation related to children with serious health problems. The documentation substantiated that children in care who had special needs were receiving good to excellent medical care. In one example, a worker sought and obtained a second opinion for a child who needed a serious surgical procedure.

For children with emotional and mental health problems, in most cases, the workers documented contacts with therapists, teachers and community partners. However, when children were placed in residential facilities or group home settings, workers had less oversight of the child's day-to-day education, physical and mental health needs. In reviewing these cases, it was difficult to determine from the documentation if the child was receiving specific counseling services to address his or her individual mental health needs.

## Training

To determine compliance in accordance with the VDSS July 2011 Child and Family Services Manual, Chapter E, the training transcripts of 23 Permanency social workers and four Permanency supervisors were reviewed. The Child and Family Services Manual Section 13.3 states, "The Code of Virginia, §63.2-913 and §63.2-1220.1 require the Virginia Department of Social Services to establish minimum training requirements and provide educational programs for foster care and adoption workers and their supervisors employed by local departments of social services."

The courses listed below are required for all LDSS foster care and adoption workers and supervisors hired after July 1, 2008. In addition to the courses listed below, all foster care and adoption supervisors hired after July 1, 2008 are required to attend CWS 5701, Supervising Child Welfare Services. This course is to be completed within the first year of employment as a supervisor.

The minimal training for new foster care and adoption workers and supervisors during the first six months of employment includes the following courses:

- CWS 3000 Foster Care New Worker Policy Training with OASIS
- CWS 3010 Adoption New Worker Policy Training with OASIS
- CWS 1031 Separation and Loss in Human Services Practice
- CWS 3041 Working with Children in Placement
- CWS 3031 Assessment and Service Planning

The minimal training for foster care and adoption workers who have been employed seven to 12 months includes:

- CWS 3061 Permanency Planning with Older Teens: Making Life Long Connections
- CWS 5305 Advanced Interviewing: Motivating Families for Change
- CWS 3081 Promoting Family Reunification

Although many of the Permanency supervisors and social workers were employed by the RCDSS prior to July 1, 2008 and, therefore, are not subject to the two subsections of the Code of Virginia, §§ 63.2-913 and 63.2-1220.1, the reviewers found ongoing training of supervisors and social workers had not been thoroughly monitored at RCDSS.

During the review it was found that nine of the 23 permanency social workers had not completed either Foster Care or Adoption New Worker Policy Training with OASIS. Of the four Permanency supervisors, only one had completed both Foster Care and Adoption New Worker training. One supervisor had not completed any of the required courses. Reviewers also found that two permanency social workers had not completed any of the eight required training courses. None of the four permanency supervisors had completed all eight required courses. Only two supervisors completed CWS 5701: Supervising Child Welfare Services.

In 2010, the VDSS introduced new Family Engagement training to incorporate the practice of Family Partnership Meetings. VDSS Broadcast Number 6142 (dated March 16, 2010) strongly recommended that agency staff attend Family Engagement Course 4010: Transformation-Promoting Change by Valuing and Engaging Families (on-line) and Course 4020: Engaging Families and Building Trust-Based Relationships. A positive finding was that 22 permanency social workers and all four supervisors completed the online training course. However, only four social workers completed the instructor led class, Engaging Families and Building Trust-Based Relationships.

The majority of supervisors and social workers have kept current and completed a variety of more recent trainings specific to their job responsibilities, such as “Transmittal Training for Revised Foster Care Guidance”, “Virginia Enhanced Maintenance Assessment Tool Training” (VEMAT), and “Adoption Assistance –Getting It Right”.

**Managing By Data**

Since 2009, the VDSS has had a contract with the Children's Research Center and has acquired SafeMeasures, a comprehensive reporting and quality improvement system that allows for "drill down" data analysis and report publishing. All 120 Local Departments of Social Services are able to use SafeMeasures to view current performance on specific measures and the agency's performance over time. The RCDSS has had this tool since 2009 to assist them in taking corrective action to improve both data and service delivery. Statewide improved results have been observed around the majority of Transformation outcomes:

- Reducing the number of children in group care placements.
- Increasing exits to permanency.
- Increasing the number of children in family based care.

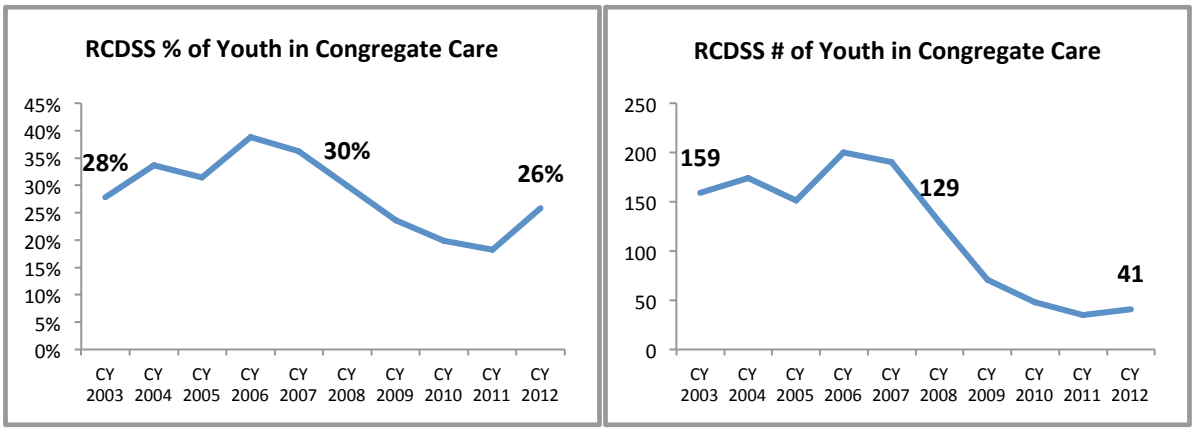
The January 2013 SafeMeasures report shows the **RDSS had a total of 188 children in agency custody which is the highest number of children in foster care compared to the other 24 local agencies in the VDSS Central Region.** The RCDSS is one of four Level 3 (largest) agencies in the Central Region and one of 26 Level 3 agencies in Virginia. The RCDSS was sixth in the state (out of 120 local agencies) for the highest number of children in foster care.

Following the initiation of the Virginia Child Welfare Transformation in late 2007, the RCDSS had a continuing and significant decrease in the number of children in foster care. The RCDSS initially led the state in decreasing the number of children in foster care which was, in large part, related to fully embracing the Transformation initiative, including Family Engagement. The RCDSS engaged families and encouraged relatives to attend Family Partnership Meetings (FPMs) which they now refer to as Team Decision Meetings (TDMs). Outcomes indicated positive results of children being diverted from foster care and safely placed with family members.

Beginning in CY 2003, the data in the chart below illustrates a significant decrease in both the total number of children in foster care and congregate care, with the decreasing trend continuing until CY 2011. Although the number of children in foster care continues to decrease in CY 2012, the number of children in congregate care has increased from 35 in CY2011 to 41 in CY 2012, a 17% increase.

| Begin Date | End Date | Time | Congregate Care | Total # of children in care | % of Youth in Congregate Care |
|---|---|---|---|---|---|
| 1/1/2003 | 12/31/2003 | CY 2003 | 159 | 572 | 28% |
| 1/1/2004 | 12/31/2004 | CY 2004 | 174 | 517 | 34% |
| 1/1/2005 | 12/31/2005 | CY 2005 | 151 | 481 | 31% |
| 1/1/2006 | 12/31/2006 | CY 2006 | 200 | 515 | 39% |
| 1/1/2007 | 12/31/2007 | CY 2007 | 190 | 524 | 36% |
| 1/1/2008 | 12/31/2008 | CY 2008 | 129 | 431 | 30% |
| 1/1/2009 | 12/31/2009 | CY 2009 | 71 | 301 | 24% |
| 1/1/2010 | 12/31/2010 | CY 2010 | 48 | 242 | 20% |
| 1/1/2011 | 12/31/2011 | CY 2011 | 35 | 192 | 18% |
| 1/1/2012 | 12/31/2012 | CY 2012 | 41 | 159 | 26% |

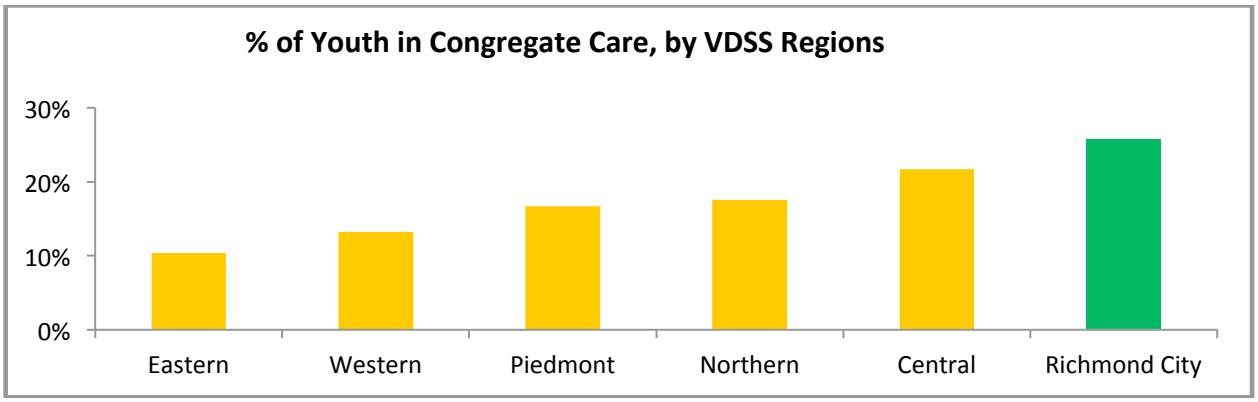
The following graphs show the declining number of children in congregate care since CY 2003 and the children in congregate care as a percentage of the total number of children in the care of the RCDSS, ranging from 28% in 2003 to 26% in 2012. However, as shown below, there now is an upward trend with the RCDSS placing more children in congregate care settings.

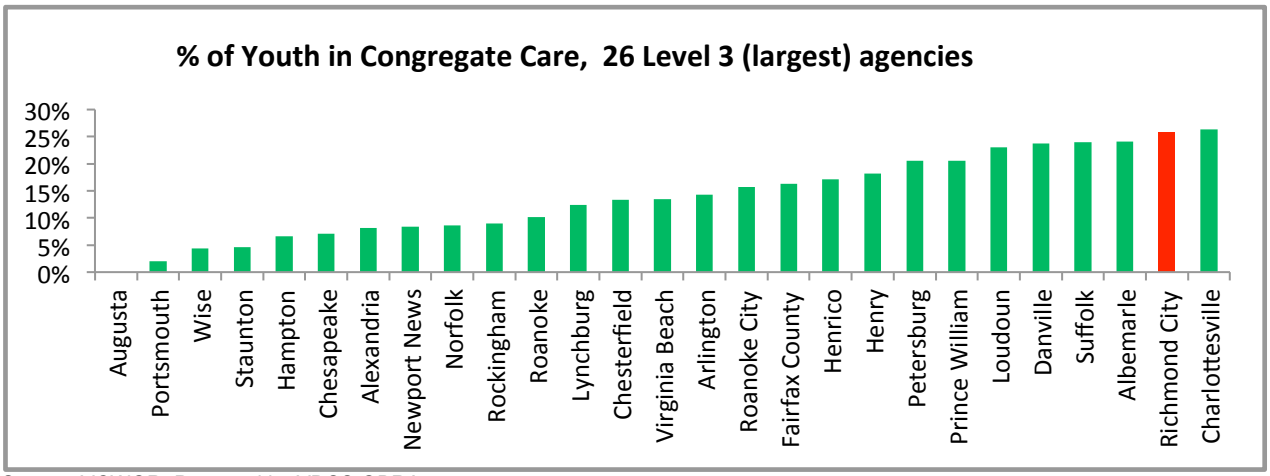



Source: VCWOR prepared by VDSS OBRA

**In CY2012, RCDSS had the highest percentage of children in congregate care compared to all 5 of the VDSS regions and had the second highest percentage of children in congregate care among all 26, Level 3 (largest) agencies in Virginia.**

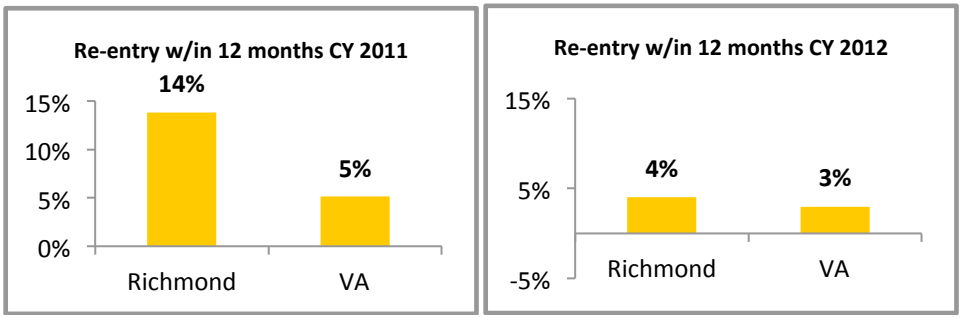
**Virginia Department of Social Services Congregate Care Population 1/1/12 - 12/31/12**



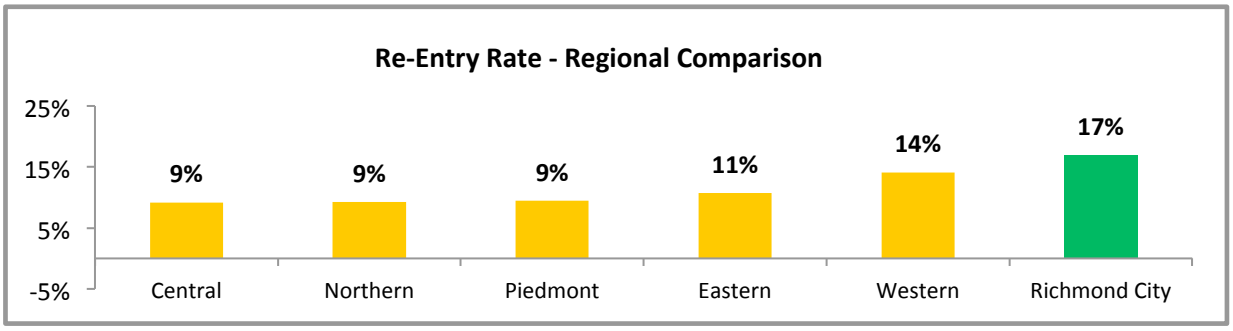




Source: VCWOR, Prepared by VDSS OBRA

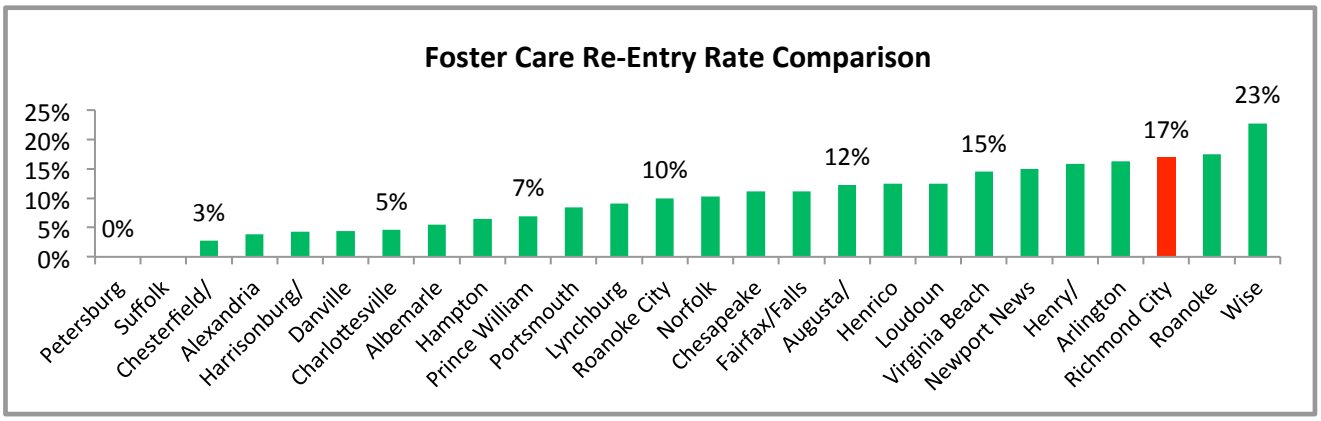
Another concern of the reviewers was the high percentage of children re-entering foster care during CY2011. In CY2011, 13 children in the City of Richmond re-entered foster care within 12 months, which was 14% of all foster children in the custody of RCDSS. In comparison, the statewide re-entry rate for all foster care children in Virginia during 2011 was 5%. However, the second graph shows that in CY 2012 the RCDSS percentage of children re-entering foster care significantly decreased, from 14% in 2011 to 4% in 2012.




The data below, which is extracted beyond a 12 month time period, is for all foster care re-entries and includes previous foster care episodes. This graph indicates that in CY2012 Richmond had the highest percentage of foster care re-entries (17%) within a 12 month period than the average of all of the 5 VDSS regions, which ranged from 9% to 14%.



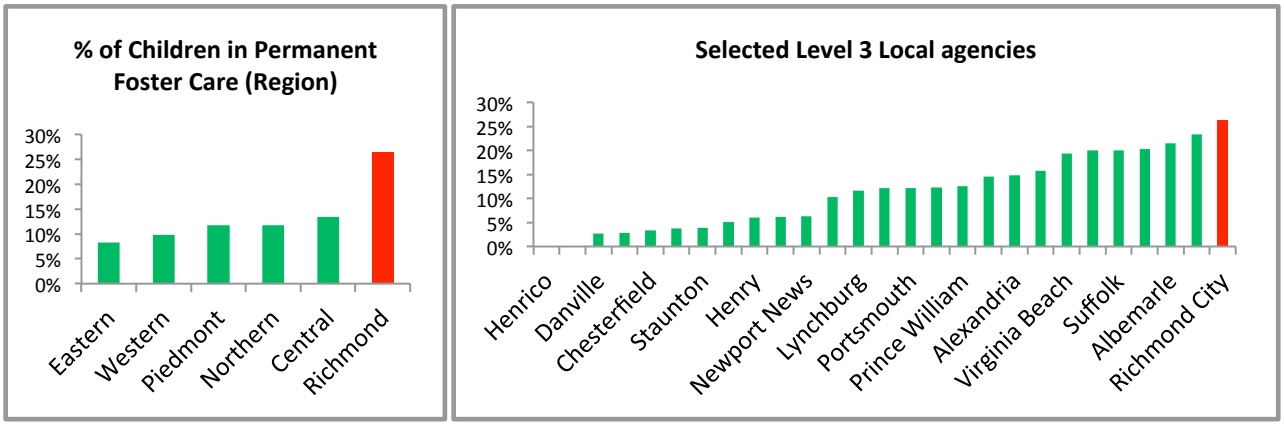

RCDSS had the third highest number of foster care re-entries among the 26 largest LDSS (Level 3) in the state. The only other LDSS with higher rates of re-entry were Roanoke County/Salem DSS and Wise County DSS, as seen in the chart below.




Source: VCWOR, Prepared by VDSS OBRA

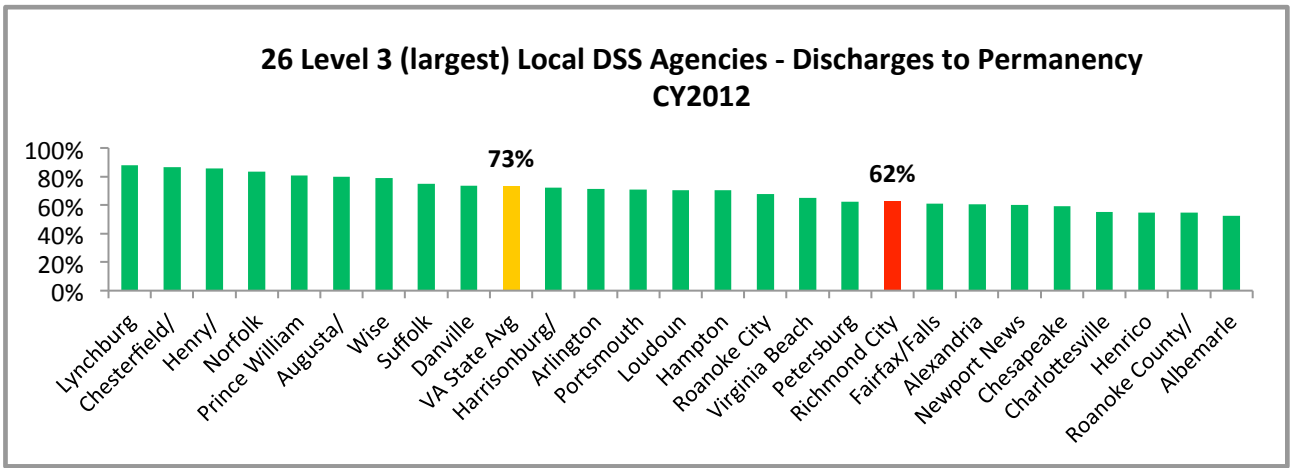
In January 2013, RCDSS had the highest number of children placed in residential facilities or group homes with the goal of Permanent Foster Care. As cited earlier in this report, according to VA Code 63.2-908, a child with the goal of Permanent Foster Care is to be placed in the residence of a person(s) who is determined to be appropriate in meeting the child's needs on a long-term basis. Residential treatment facilities and group homes are not personal residences. The graphs below show the CY 2012 VDSS Permanent Foster Care Comparisons.

**Percent of Children in Permanent Foster Care (1/1/12 – 12/31/12)**




The Virginia Child Welfare Transformation initiative, which began in late 2007, focused on the importance of children exiting foster care to a permanent home. From 2008 through 2012, VCWOR reports indicate that, statewide, Virginia had discharged 62% of foster children to permanent placements.

In CY 2012, the statewide average of foster children discharged to permanency was 73%. The RCDSS rate was 62%, lower than the average for all 5 VDSS regions. RCDSS was 19th among the 26 Level 3 agencies (9th from the lowest) for discharges to permanency.




Source: VCWOR, Prepared by VDSS OBRA

**RCDSS - Child and Family Service Review (CFSR) Critical Outcome Reports**

The Critical Outcomes Scorecard for all 120 local agencies statewide is published in the state data base, SafeMeasures. The scorecard uses federal criteria and measures the local agencies based on the following criteria:

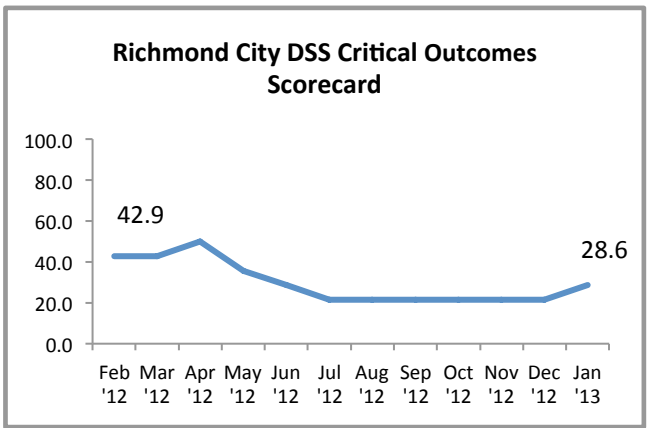
- Number and percentage of children discharged to permanency.
- Number of children placed in congregate care, family based care and kinship care.
- Percentage of Foster Care worker monthly visits with children in care.
- Amount of time the children have been in care.
- Number of children reunifications within 12 months.
- Number of children who re-enter foster care within 12 months of discharge.
- Number of children adopted within 24 months of original custody date.
- Placement stability – two or less placements within first 12 months of custody.
- No abuse within the last year while in Foster Care.
- No re-occurrence of founded abuse or neglect (maltreatment) within the last six months.

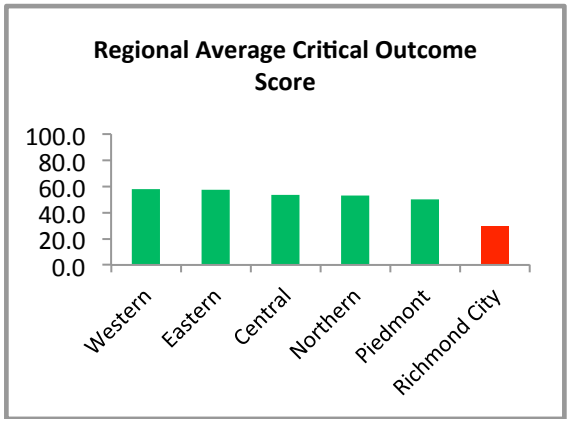
RCDSS' overall score for January 2013 was 28.6% compared to the statewide score of 50%. The RCDSS scores for the Transformation and CFSR outcomes (safety outcomes not included) were the following:

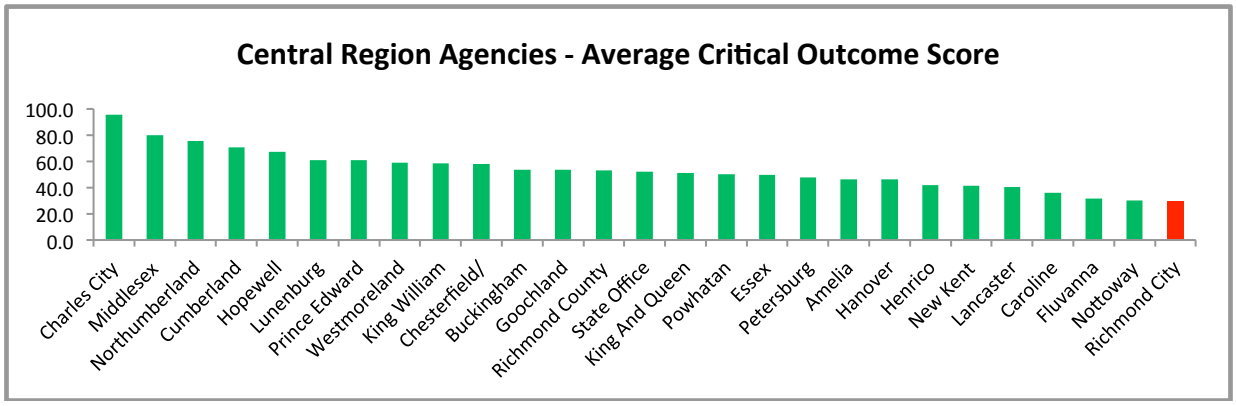
| **Transformation Outcomes** | **RCDSS Performance** | **Federal Standard** |
|---|---|---|
| Discharge to Permanency | 67.3% | 86% |
| Congregate Care | 26.2% | 16% |
| Family based placements | 73.8% | 80% |
| Kinship placements | 2.1% | 24% |
| Foster Care Monthly Visits | 90.9% | 90 % |
| | | |
| **CFSR Outcomes** | | |
| Time in Care: Reunification within 12 months | 57.6% | 75.2% |
| Re-entries within 12 months | 0% | 9.6% |
| Adoption within 24 months | 40.5% | 36.6% |
| 24 month discharge to permanency | 7.4% | 29.1% |
| Setting Stability | 80.0% | 86.0% |

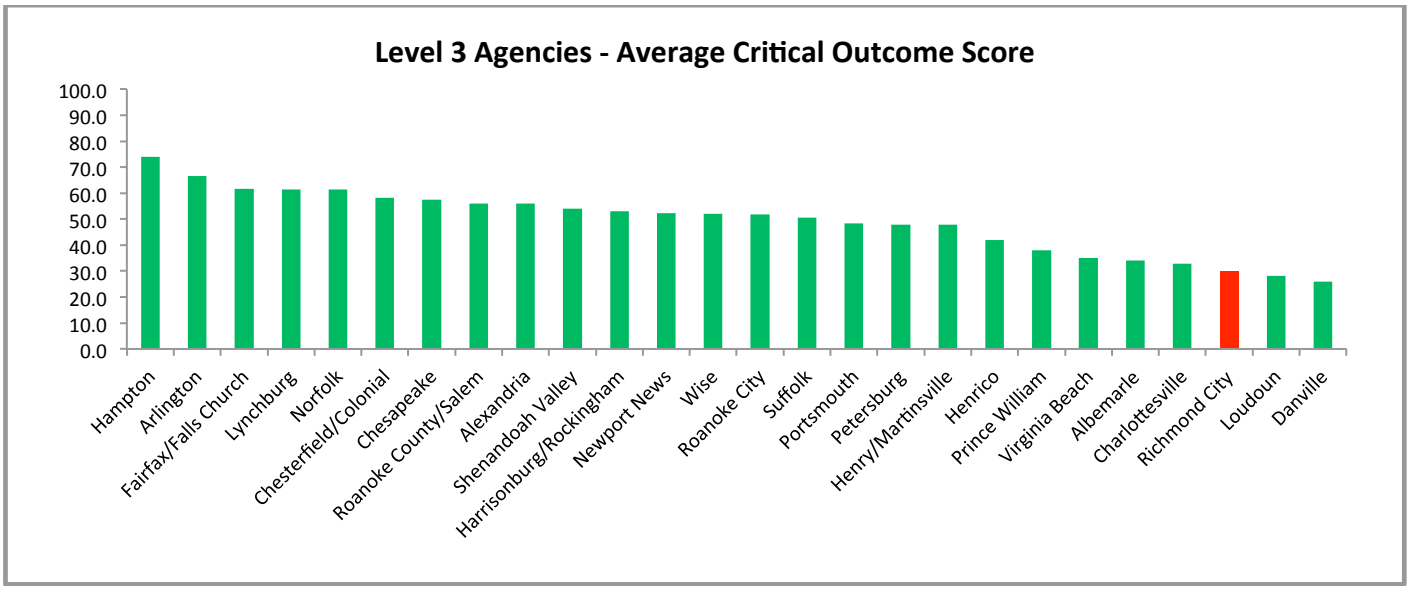
It is noted that no children re-entered foster care in January 2013. Monthly visits were at the federal performance standard and the agency had a larger percentage of adoptions (40.5%) within a 24 month period than the federal performance standard (36.6**%).** However, as the scores also inform, RCDSS was still below the federal performance standards in six outcomes.

During CY 2012, RCDSS went from an overall outcomes score of 43% to 29%. The agency had the lowest overall score of the 5 regions, the lowest score of all the 25 agencies in the Central region, and the 3rd lowest score of all 26 Level 3 agencies.




Source: SafeMeasures, Critical Outcome Scorecard, Data Accessed on 3/7/13

## Permanency Findings and Recommendations

### Assessments

**PERM Finding-01:**

There is a lack of assessment information, including Independent Living transitional plans, in foster care service plans or in the OASIS case record. There were no agency guidelines found within the documentation relating to how children are assessed and how their placements are selected**.**

**Recommendation:**

Assessments should begin at the time of engagement, the first contact the family has with the agency, usually beginning with the CPS or FP worker. There should be a continuous process throughout the life of the case, consisting of gathering and analyzing information which supports sound decision-making. It is the foundation from which the foster care service plan is built.

It is recommended that RCDSS Child Welfare Program staff (Prevention, Child Protection and Permanency) collaborate, develop and implement the agency's required assessment process protocol. This should occur at the first contact with the family and continue until the case is closed and the family is receiving services. The assessment must be a uniform and consistent process which includes documentation of the family's strengths, needs, skills, protective capacities and motivation for change. The agency needs to apply assessment practices which are available via the Child Welfare guidance manuals (Prevention, Child Protective Services, Foster Care and Adoption), VDSS training courses and technical assistance and support from the VDSS Central Region Consultants.

As required in the VDSS Foster Care Manual, Section 5, the initial assessment shall:

1. Build on the information contained in the Child Protective Services Safety Assessment and Family Risk Assessment completed when the child was removed from the home.
2. Include a comprehensive social history of the child and family.
3. Be entered into OASIS within 30 days of the local agency acceptance of the child for placement, using the assessment screen and completing all the required elements of appropriate screens.
4. With youth 14 years of age and older, the assessment must also include the youth's strengths and needs as identified in the comprehensive assessment and Independent Transitional Plan.

### Goal Selection and Concurrent Planning

**PERM Finding-02:**

There is inappropriate selection of foster care goals and a lack of concurrent planning.

**Recommendation:**

Selecting a specific permanency goal clarifies for everyone involved in the child's life the type of permanent home being sought for the child. The agency staff needs to be aware of and understand the difference between permanent and alternative foster care goals.

The three permanency goals of (1) Return Home (2) Placement with custody transfer to Relatives and (3) Adoption enable the child to leave the foster care system. The alternative goals of Permanent Foster Care and Another Permanency Planning Living Arrangement are only selected when the above three permanency goals have been exhausted and ruled out and all efforts to date have been documented in the Foster Care Service Plan in OASIS.

"Return Home" is the primary permanency goal for all children in foster care. Adoption and Placement with Custody Transfer to Relatives shall also be considered as concurrent permanency goals or shall be selected when reunification with parents is ruled out.

It is recommended that the child welfare staff use the Permanency Planning Indicator (VDSS SPARK Forms) tool to determine whether a concurrent plan is needed. Pursuing concurrent, rather than sequential, permanency options leads to more timely permanency decisions for the child. The child welfare staff is advised to refer to Section 7.4 of the VDSS Foster Care Manual.

**Service Plans**

**PERM Finding-03:**

Service plans were often absent or unclear as to whom among the social worker, community partners and/or the parents were responsible for the provision and delivery of services.

**Recommendation:**

Service plans should be individualized for the uniqueness of every child and family. Service plans should be developed through collaboration with families to implement creative, individual solutions that build on the family's strength to help meet their needs. Service plans should detail where, when and what services are required and who will provide the services. Section 9 of the Foster Care Manual provides extensive guidance regarding the preparation, teamwork and written content of the service plan. Supervisors need to refer to this section of the Foster Care Manual while providing supervision and guidance to a worker's completion of service plans.

In addition, the independent living services and transition plan may be incorporated into the foster care service plan in OASIS (see Section 9.5.1). If the plan is not incorporated in the foster care service plan, the social worker shall document in OASIS that the independent living services and transition plan is located in the hard copy case record. The plan shall then be attached to the printed foster care service plan when it is submitted to court and shall be filed in the hard copy case record.

**Foster Care Discharge Practice and Foster Care Re-entries**

**PERM Finding-04:**

There are insufficient discharge plans as well as a lack of proper agency supervision to ensure the success and safety of reunification or placement with relatives and to decrease or eliminate the probability of a child's re-entry to foster care.

**Recommendation:**

The multi-faceted problems of low-income families, poor and/or unstable housing, mental health and substance abuse issues combined with poor parenting skills are a few of the major challenges which complicate the process of returning children to their families. The decision in determining that the parent (or relative) is stable enough to return the child is, at best, a very difficult decision to make. Therefore, the properly executed assessment(s) and family team decision meetings are key elements in the decision-making process. In addition, TDMs should occur when there is a placement or goal change which applies to reunification. Decisions also need to be made regarding the choice of appropriate services to be provided and how and when those services will be monitored and evaluated for their effectiveness. This should include follow-up TDM(s) and regularly re-assessing services being provided to meet the needs of the family.

There are several evidence-based studies which endorse specific services that can ensure a child will be safely returned to their families without a repeated foster care episode. However, according to the Casey Practice Digest, Issue 3, January 2013, **"research suggests that parents who have better parenting skills at the point of reunification are much less likely to see their kids re-enter care. If parenting skills are less than adequate, that's probably a signal that the family isn't ready to reunify".** This underlines the importance of ongoing, comprehensive assessments with parenting capacity evaluations initiated as soon as possible. The process of securing timely evaluations can involve many barriers. It is recommended that if the local agency does not have a number of professional resources which can meet this demand within reasonable timeframes, it must immediately find such professional resources with a sense of urgency.

**Relative Searches**

**PERM Finding-05:**

There are incomplete and inconsistent relative searches with insufficient documentation in OASIS or in the hard copy case records. Many fathers were not contacted or otherwise engaged, nor were paternal or maternal families contacted, during the relative search process.

**Recommendation:**

In accordance with the Social Security Act, Title IV, § 471 (a) (29) [42 USC 671], the RCDSS shall document diligent efforts to notify, **in writing**, all grandparents and other adult relatives, both **maternal and paternal**, when a child is being removed or has been removed from the parent(s). Parents and relatives should be actively engaged in decision-making for the child through a Family Partnership Meeting prior to removing the child, whenever possible. This written notice shall occur within 30 calendar days after removing a child from the custody of the parent(s).

The networks of the father and paternal family should be examined as thoroughly as those of the mother and the maternal family, even if the father is currently absent from the child's life. It is also recommended that the agency establish a written protocol for Standards of Procedures as to the requirements of the relative search process.

## Adoption Goal

### PERM Finding-06:

Case records reviewed with the goal of adoption showed evidence of delays in establishing the child's paternity or in identifying relatives, a lack of concurrent actions to recruit families or to discuss adoption with the foster parents, relatives or the child, when appropriate.

### Recommendation:

It is critical that communication exists between the foster care and adoption staff within the local agency as the child's case moves in the direction of adoption as the result of concurrent planning. In essence, every case has the possibility of resulting in adoption by a relative, resource parent or a non-related adoptive parent. Therefore, communications between the child welfare programs are crucial in preparing and planning for the child's future. Assessments and social histories need continuous updating and appropriate program staff must be joined in during TDM(s) and staffing. As decided by the agency, it should be determined when the foster care case is actually transferred to the adoption unit purposely to avoid unnecessary delays in transferring the case from one unit to another. TPR and subsequent appeals can be a prolonged process. The child's future should not be held in limbo while the legal process is proceeding. Concurrent planning, which should have already been initiated, should also continue in securing the most appropriate adoptive placement. For children with special needs and without an identified placement, target recruiting and relative search efforts should continue even though the TPR process may still be undecided.

## Permanent Foster Care

### PERM Finding-07:

The goal of Permanent Foster Care was identified inappropriately: (1) for children placed in congregate care settings (residential treatment facilities or group homes) (2) when there was not a significant relationship between the child and the foster parent (3) inappropriately identified as a goal for concurrent goal planning (4) and approved by the Court without a Permanent Foster Care Agreement signed by both the youth and the foster parent.

### Recommendation:

According to VA Code 63.2-908, a child with the goal of Permanent Foster Care is to be placed in the residence of a person(s) who is determined to be appropriate in meeting the child's needs on a long-term basis. **Residential treatment facilities and group homes are not personal residences.** RCDSS shall only submit the Permanent Foster Care goal in accordance with VA Code 63.2-908. Prior to the selection of Permanent Foster Care as a goal, the agency must document all diligent efforts made to rule out all other permanency goals. If the parental rights have been terminated, the agency should document discussions of adoption with the youth and the foster parent.

The Foster Care guidance states that the selection of the PFC and placement of a child, ages 12 and over,[13] in a permanent foster home occurs only after a determination that returning home, adoption, and placement with and custody by a relative are not in the best interest of the child. The name of the individual foster parent(s) shall be provided for in the court order.

The goal of permanent foster care is selected when the child has developed a clearly established and documented significant relationship with a foster parent. The intent is for the foster parent to choose to adopt the child, for the circumstances to change and reunification or placement and custody transfer to a relative are determined to be in the child's best interest, or the child to remain with the foster parent until age 21.

## Family Engagement

### PERM Finding-08:

Family Team Decision Meetings (TDMs) were held routinely when the child first enters foster care, but were not consistently used for other case-related critical decision points, such as for goal or placement changes, as required by policy.

### Recommendation:

According to the VDSS Foster Care Manual, Section 2, a Family Partnership Meeting (or TDM) should be held for every family involved with the child welfare agency at five (5) critical decision points. The purpose of the meeting should be to address these decision points:

- Once a CPS investigation or family assessment has been completed and the family is identified as "very high" or "high" risk and the child is at risk of out-of-home placement
- Prior to removing a child, whether emergency or planned.
- Prior to any change of placement for a child already in care, including a disruption in an adoptive placement.
- Prior to a change of goal.
- When a meeting is requested by the parent (birth, foster, adoptive, or legal guardian), child, or service worker to address one of the four decision points above.

[13] Effective 7/1/2013 age changes to 14 and over.

## Training and Supervision

### PERM Finding-09:

Supervisory reviews of worker training needs, OASIS narratives and service plans are not conducted.

### Recommendation:

Although not consistent, some supervisors did enter comments of one-on-one supervision when reviewing cases. Permanency supervisors are advised to routinely incorporate their comments of one-on-one supervision in documentation of their monitoring of worker activities and case decisions.

Service plans were routinely submitted to the court with inappropriate foster care goals and lack of assessment information. Supervisors must be more thorough in their review of service plans in order to comply with both Permanency guidance and the Code of Virginia.

In addition, supervisors are responsible for reviewing worker training transcripts and evaluating each worker's training needs. Permanency staff training records revealed that both supervisors and workers did not complete mandated courses or those focusing on current permanency skills and best practices. Since the average caseload per worker is 9 cases and no supervisor has more than 6 workers to supervise, adequate coverage and extended time for training should not be a barrier.

## CPS Follow-up information by Permanency Staff

### PERM Finding-10

There was no follow-up documentation of unfounded CPS complaints alleged to have occurred in foster homes and/or congregate care settings in three cases reviewed.

### Recommendation:

Communication and collaboration between CPS and FC staff is critical to the safety of children. When alleged abuse/neglect is reported and documented in the OASIS record, best practice is the inclusion of a foster care social worker during the investigation process and the collaboration of the CPS and foster care workers in resolving the problem. Such involvement is critical to case decision making which may require removing the child from the home or congregate care setting. This information is also critical information and should be included in the continued narrative of the assessment. The effects of these experiences for the child, whether founded or unfounded, are paramount to the continuous process of assessing the child's needs and services.

## Agency Communication

### PERM Finding-11:

A significant problem identified by the reviewers is the lack of effective communication among the staff of the child welfare programs within the RCDSS. Findings from the review of case records and individual staff interviews provided evidence of communication barriers among staff in the different child welfare program areas.

### Recommendation:

There must be immediate improvements to communication among staff including, but not limited to, routine case staffing concerning high-risk cases, where there are imminent removals, and foster home CPS complaints with the CPS and/or FC workers and supervisors. Prevention and CPS workers should introduce foster care workers to a child's parents or prior custodians whenever time permits and continue to make efforts to make a smooth transition from one worker to another. Foster care workers should be included in TDM(s) whenever foster care is a possibility. Joint discussions between and among supervisors and workers should occur prior to and during all emergency removals. To further enhance communications, management, supervisors and program managers should work collaboratively with a clear and unified message.

Efforts to improve internal communications should include such things as:

- Providing joint trainings to all child welfare program staff.
- Distributing regular, written communiqués to staff.
- Providing and conducting agency morale-building events.
- Encouraging open door policies for conversations between workers and supervisors.

It is the responsibility of management, program managers and supervisors to be aware of staff needs and concerns, including morale. Ongoing efforts to enhance and maintain open communication within the agency and within the child welfare programs are critically linked to the quality of services the agency provides to the Richmond children and families it serves.

## RESOURCE FAMILY PROGRAM

Flora Harris, QMR Resource Family Team Leader

The Resource Family (RF) review consisted of the following:

- Review of the Resource Family Training model compared to the requirements in the Provider Regulations.
- Assessment of the resource families' knowledge and participation in Family Partnership Meetings (Team Decision Meetings).
- Review of the Mutual Family Assessments (Home Studies).
- Determination of whether assessments of families' competencies to meet the needs of the potential children placed in their care is appropriately documented in the case record.
- Determination of how additional training needs for resource families are assessed.
- Determination of whether training offered addresses the specific needs of children and resource families.
- Review of the strategies used for child-specific recruiting efforts for children.
- Determination of whether the amount and type of training provided for Family Engagement for both staff and resource families is appropriate.
- Determination of the agency's philosophy of working with the biological families.
- Determination of the agency's philosophy of the value, support and respect of resource families.

### Methodology:

In February 2013, the Richmond City Department of Social Services had 262 approved foster care homes open in OASIS. Forty-five cases were selected for review. Individual interviews were held with each of the seven staff members of this unit. Fifteen resource families were interviewed, including one kinship family and six private agency therapeutic resource providers. Finally, the Resource Family review included examinations of SafeMeasures data, OASIS records and hard copy case records.

### Strengths:

### Mutual Family Assessments (Home Studies)

The mutual family assessments contained detailed information regarding the prospective resource parent(s) and documentation to confirm the families' competencies to meet the needs of children who would potentially be placed in their home. The agency has a team staffing model that includes social workers and a supervisor to determine the approval or denial of prospective resource families.

### Working with Biological Families and FPMs (TDMs)

The authorized Accurint user is assigned to this unit. However, the agency does not utilize Accurint to the fullest extent possible by other child welfare program areas. The authorized user is available to receive and process requests for relative searches from the other program areas.

The agency is proactive in engaging resource families to working with biological families. Working with biological families is part of the required pre-service training and continued throughout the family's relationship with the agency. All resource families indicated their willingness to work with biological family members and believe that it is in the best interest of the child.

Eight of the families interviewed have not participated in a Family Partnership Meeting (Team Decision Making). However, all have been trained and understand the principles and the desired outcomes of this process. They all are willing to participate. The families and staff described a process called the "Icebreaker" which is used to introduce the resource family to the biological family. This has been a very successful process for the agency and families.

One resource parent stated that they had a concern about working with a parent who had a record of violent behavior. The resource parent was willing to participate in Team Decision Making, feeling that the agency would provide support and safety when necessary.

One resource parent indicated that a child that had been in their home had been returned to the biological family, but was injured while there and returned to care. The family wished that they had been allowed to work with the biological family prior to, as well as after, the child returned home.

**Support, Respect and Value of Resource Families**

Fourteen out of the fifteen resource families interviewed indicated that families were supported, respected and valued by all the staff of the Resource Family unit. The majority stated they felt valued and respected by most of the foster care workers. One resource parent did not feel the agency considered her opinion regarding the premature reunification of two children with the biological mother. These children were previously in the resource parent home.

The Resource Family Unit is committed to families and uses every opportunity possible to show their support, respect and how much the unit values them as a resource to the children in their care.

**Other Strengths:**

The Richmond City Department of Social Services has an excellent protocol established when there is an allegation of abuse or neglect in the homes of resource families. This includes homes approved by private placing agencies and the RCDSS.

The Resource Family unit has a very strong and supportive relationship within the unit, the agency and other program areas. This unit exhibited very positive and proactive responses to areas that possibly could improve practice. Members of this team expressed their commitment and willingness to be a part of the continued success of this agency throughout their interviews with reviewers.

Another strength was seen in RCDSS' utilization of one of their resource parents as a parent co-trainer for the required PRIDE pre-service training.

## RESOURCE FAMILY (RF) FINDINGS AND RECOMMENDATIONS

### RF Finding-01: OASIS

The cases reviewed in OASIS indicate that documentation of casework and utilization of OASIS is sufficient as well as in compliance with policy.

OASIS data for open cases (approved foster parent homes) was incorrect. Of the 262 cases (available foster parent homes) listed, there are only 79 active foster parent families being used by the agency. However, when staff was presented with this information, they took immediate responsibility and corrected the OASIS information prior to the conclusion of the onsite review. RCDSS has developed a plan to monitor this data more consistently.

**Recommendation:**

RCDSS should continue to be proactive in monitoring resource information entered into OASIS.

### RF Finding-02: Review of Hard Copy Case Records

Several of case records reviewed did not contain the required and recommended forms in accordance with the Provider Regulations as listed in the Resource Family Guidance, Child and Family Services Manual, Chapter D, which was effective in September 2009.

All records contained appropriate and well documented Mutual Family Assessments, addendums, training logs and certificates for agency approved families.

Case records for treatment resource providers used by private agencies were not maintained in the agency. Prior to the end of the onsite review, RCDSS began the development of a protocol to keep these records within the department.

In many of the hard copy case records, the organization of the record was challenging and difficult to follow. Based on the face sheets, all cases were not uniform. However, a significant improvement was noted in the cases since the implementation of new Provider Regulations Guidance issued in 2009.

**Recommendation:**

Finalize and implement the agency protocol and system to maintain hard copy records for private agency homes as initiated.

Develop a consistent format and organization plan for all hard copy case records. It is also recommended that the most current information, verifications and documentation be filed first in each section and the oldest information last.

### RF Finding-03: Documentation of Private Child-Placing Agencies

It has been the practice of the Richmond City Department of Social Services to use Private Child-Placing Agencies for placing children who need therapeutic placements. There is no documentation or in-house process in the resource unit to ensure that these families continue to stay in compliance. The resource unit is in the process of developing a protocol to document and maintain hardcopy files of these families to ensure that they remain in compliance.

**Recommendation:**

The protocol developed by the RCDSS should be mandated as an in-house process. This new protocol will reduce the possibility of repayment of Title IV-E funding and monitor the appropriate placement of children.

**RF Finding-04: Recruitment and Training:**

As a rule, Richmond City Department of Social Services uses general recruitment efforts in the traditional resource family unit. Limited child specific recruitment is done.

The agency uses the PRIDE curriculum for pre-service training. All trainers have been appropriately trained and certified to train PRIDE. They also receive additional in-house training. The new trainers receive support and co-trainer assistance prior to training on their own. The trainers are strong and knowledgeable.

There are many opportunities for the families to attend in-service training on a monthly basis. The agency provides support for resource families to receive in-service training outside of the agency as well.

The agency does not distribute an official needs survey. However, at the end of each training session, there is an evaluation form which requests information on any training needs. In addition, training needs are also discussed at monitoring visits with the families. If a need is identified or observed resource families are provided with specific training.

**Recommendation:**

Richmond City must develop an in-house plan to refer children in need of child-specific recruiting and diligent family searches. Once this plan is developed, it should be used in all program areas. Consideration should be given to the amount of time to complete this work. There may be a need for additional staff or reassignment of staff.

## INTERVIEWS WITH MEDICAL PROFESSIONALS

One of the medical professionals interviewed described the working relationship with Richmond City DSS as better than with other social service agencies. RCDSS workers are respectful of their concerns, responsive and have built up a close relationship over a long period of time working together. While the relationship with the RCDSS workers is good, the experience in working with upper management has not been good. The workers are described as being invested and want to do the right thing but they are often overruled by management.

The Second Responders unit was identified as being responsive for the acute, initial response. The subsequent follow up, however, was not very good. Some workers are strong, but nothing is being done to get upper management in agreement with the social workers' recommendations.

Another medical professional observed that CPS responds timely and that foster parents are incredible, excellent, well-trained and amazing people. However, this doctor sees CPS workers, as a group, as untrained and ineffective in protecting children. Children are sent home to high risk situations with little regard for their safety. His opinion is that CPS is more focused on the rights and issues of the parents rather than safety of the children.

The third medical professional interviewed described the overall working relationship with RCDSS staff as a very negative experience, also noting that the experience with a neighboring county DSS was very positive. The lack of response to after-hours CPS calls, the delayed responses and the lack of communication has been a major concern. When no response is received, children are admitted to the hospital to ensure their safety. Hospital caseworkers continue to monitor cases.

Two of the medical professionals interviewed provided examples of situations where the action or lack of action taken by the RCDSS staff was contrary to medical recommendations. Further medical attention may be needed and the child may not be receiving it because the agency is not building a proper case. Children are not being removed from their home and are seen over and over again in the Emergency Room. One of the doctors interviewed noted that, in 2012, there were six to eight repeat cases and one child returned to the ER more than twenty times. The doctor threatened to take custody of the child, so a new safety plan was developed, but no protective order was ever filed by the RCDSS. Another doctor stated that he has refused to release children with medical needs to parents in opposition to the desires of the RCDSS CPS staff.

One of the doctors interviewed stated that the shift away from removals of children from the home started about 3 or 4 years ago and has gotten much worse within the last two years. In the past, this doctor often went to court to testify. Now, very few cases go to court and he is not called upon to testify. In the assessment track, nothing is on record and no one at RCDSS is tracking what happens to the children. While CPS reports are down, admissions to the hospital for severe abuse and fatalities are up in the state. Worker turnover in the last 18 months or so was seen as a major issue. There are too many new workers being told by supervisors or management not to worry about things and they don't know enough to know what they should be worrying about. This is seen as a management issue. Upper management does not return calls and workers and supervisors say they understand the doctor's concerns but aren't able to do what is recommended due to conflicting instructions from management.

The medical professionals interviewed provided the following suggestions for improvement:

- If the multi-disciplinary team (MDT) is going to be effective, there has to be administrative buy-in and transparency at the critical decision-making level. "Return home" happens without the RCDSS advising the MDT and, frequently, against the recommendations of the MDT.
- Other states have different medical models where there is central intake. Decisions whether a medical exam is necessary are based on medical criteria. All children could be screened for further medical work up if there is a concern about physical abuse. Local administration really does not work. There needs to be centralization for a consistent standard of care.
- For children in foster care, especially diversion cases, no one knows the child's medical history. Kinship providers don't know what medicine the child is taking or if the child has allergies. This is another reason why these "off the record" cases are problematic.
- CPS workers would benefit from additional training in understanding the high tech medical management that children need and that often it is not possible for parents to provide. Training on the medical side of the children's needs and impact on safety and the depth of medical issues for some children should be better understood by social workers.
- RCDSS needs better trained and better qualified CPS workers.
- Improve channels of communication with medical staff and CPS so everyone understands each other's role.
- Stop giving parents "slack" at the risk of a child's health and safety.
- Changes should involve all providers. Medical providers would like to be at the table for communication and transparency.
- RCDSS needs to improve CPS response time, especially after normal business hours.
- Real-time feedback from a social worker is needed.
- Better and timelier communication is needed.
- Proactive discharge planning is needed.

## INTERVIEWS WITH VARIOUS COMMUNITY PARTNERS/STAKEHOLDERS

The information below was gathered from interviews with a variety of community partners, including Stop Child Abuse Now (SCAN), FAPT, Richmond Behavioral Health, Coordinators 2 Inc., Child Savers, Extra Special Parents and law enforcement.

The Team Decision-making (TDM) process was described as a strong, organized and inclusive practice. Pre-placement visits are good. The adoption unit is strong and staff attends regular training. Workers collaborate well with law enforcement, are conscientious about referrals, are successful at partnering through the Multi-Disciplinary Team (MDT) process and demonstrate a willingness to engage in training. They are interested in best practice-research based interventions.

The Richmond City Police Department's Youth and Family Division works closely with CPS investigators. Approximately 230 cases in 2012 were reported with an adjudicated rate of 60%. Police detectives sit on a multi-jurisdiction team which reviews approximately 15 criminal cases per month. RCDSS staff was described as excellent team members.

Workers have developed strong support for each other when they are not comfortable going to supervisors. Workers are knowledgeable about specific children's cases and are insightful and advocate for the best interests of the child, even if not upheld by management. There are some very good social workers who understand trauma and best practice. However, this is not consistent across the agency.

The Deputy Director attended all Court Best Practice meetings in the last two years.

Middle-management supervisors have been willing or available to meet and be responsive to concerns/collaboration but the quality of the responses is inconsistent. Concern was expressed about strong supervisors and workers who have left or moved to other agencies in the last 2 years. Management was described as situational and not following the principles or values of the agency.

Communication with CPS is problematic. It was reported that police call private agencies because they cannot get a response from CPS. One private agency received 8 police calls in January 2013. There is no accountability for not communicating.

Children are removed from therapy without providing a reason or notice. There often is no transition for the child/children.

Areas identified as needing improvement are related to child safety. It was noted that some community partners have been approached by attorneys and RCDSS workers to address issues in reports that workers say they can't address internally, including multiple calls/referrals on currently open cases. RCDSS child welfare workers are seeking consultation and support from some community partners.

In 2008 (with the advent of Transformation) there was a significant shift in practice at the RCDSS from removal of children from the home to issuing protective orders. Around March 2011, there was a shift in practice to the assessment track instead of issuing protective orders, resulting in cases not going to court anymore.

Therapeutic recommendations are not always followed, background checks are not completed, there is a persistent reluctance to remove a child and a rapidness to return a child home were identified as safety issues needing to be addressed. Treatment and services provided while children are in foster care allow for details of abuse and/or neglect to come out. Relative placements need to provide for safety in addition to well-being.

While RCDSS is working with the family, PPOs are not filed. On the assessment track, services are voluntary. If a family refuses services – what happens? The answer is the situation gets worse.

For relative care, there are systemic deficits around training, background checks and monitoring which were noted as areas needing improvement. Children were seen as "coming back" into care from custody of relatives because relatives could not meet their needs. Diversion cases get closed very quickly, the children are not tracked and no one knows what happens to them. Kinship placements have issues with caregivers, but RCDSS is not working with the family.

The "screen in" rate for CPS referrals has decreased significantly. Richmond City DSS previously had a higher "screen in" rate than other communities for screening in CPS referrals. They had a "when in doubt, check it out" attitude.

Complaints from workers about being treated poorly, feeling disregarded, being told they are "stupid" and having founded cases being changed to unfounded by upper management have been expressed by RCDSS workers to community partners. Workers are told they can't talk to the city attorney about cases. Affidavits have so little information in them that the city attorney cannot proceed. Many affidavits are written by the Deputy Director rather than the worker. There is a 33% - 35% non-suit rate, which is very high.

Medical providers on the Multi-Disciplinary Team have requested MDT review of cases because they have concerns related to child safety. Parents in the family support group have used physical discipline. Belts used as discipline are now on the assessment track. The definition of abuse and neglect has been diluted to meet the agency goal of reducing the number of children in foster care.

A statewide survey was done to assess the impact of Transformation. Community partners are not seeing the same case practice issues in Henrico and Chesterfield counties. A defined pressure to reduce foster care numbers has been stated by RCDSS staff. A "Best Practice Team" was involved in Transformation, working with the Casey Foundation. The goal was to move children out of congregate care, appropriate Independent Living transitions, and the use of Therapeutic Decision-making. The process went a step further and children are being left in or placed in danger. There is a high incidence of domestic violence and a high number of incarcerated parents. In an increasing number of cases there are criminal abuse or neglect charges, where RCDSS does not have a civil petition.

In late summer 2012, a stakeholder forum was held to address community issues – one of the ingredients of a successful Transformation initiative. Richmond City DSS made a verbal presentation and responded only to questions previously submitted by email. No questions were taken at the forum and there was no opportunity to have a dialogue.

There is a need to have MSW-credentialed people in management who are skilled in social work and Child Protective Services' investigations. The workers need more than just on the job training. Professional skill rather than personal opinions/values should lead the decision-making process.

When asked to rate the work of the Richmond City DSS, the following responses were provided:

- Poor to Fair – issues that affect children, such as moving children too frequently
- Fair – Staff - some staff are good, some are poor
- Poor – upper management
- Good – work with the adoption unit – positive, established relationship with staff
- Poor – supervisors - they do not hold staff accountable; cannot get good financial reports or "any" reports; from top to bottom a lack of professionalism; tolerance of unprofessional behavior
- Poor – case practice - some people are trying to do good work but their hands are tied by upper management and supervisors
- Fair – "politics" - very political, sometimes really good, sometimes really poor. There are some good workers but the quality of case management has gone down.
- Poor – outcomes - some staff are trying to do good work but they have to deal with too many internal issues
- Good- work ethic -social workers are highly functioning within their time allocation of work and receive no compensation for the time worked over 40 hours.

Other areas identified as needing improvement:

- Foster care unit is not a strong unit
- The agency is understaffed
- There is no collaboration between the CPS, Foster Care and Adoption Units
- No one is looking at trauma informed care or attachment disorder
- Inconsistent leadership and constant change; constant shuffling of staff
- Community concerns – monitoring of children, lack of family support
- The culture is personality driven – have to know people or have a relationship with staff to get things done
- Communication is the biggest challenge and there is little response to emails. Staff often does not attend meetings. Multiple phone messages are left with CPS with no response.
- A contract with Mental Health was abandoned because Richmond City DSS could not or would not establish a process to work with the agency. This could have saved the city money.
- Workers observe different policies; there is a disconnect with policy. Each unit seems to have its own policy/practice.
- RCDSS supervisors need to be held accountable.
- Staff needs training on forensic interview/investigation techniques.

Other issues/concerns expressed relating to work performance by RCDSS staff or management:

- In one case the required, signed paperwork took 1 year to be returned
- Good case practice/management is in decline at the RCDSS
- Children are moved too often, from one foster home to another. Siblings often are separated.
- In many cases the social workers act like the client is the foster parent or biological parent, not the child
- RCDSS staff make the community partners feel like they are "doing them a favor" to get the case work done
- There have been cases where there was inappropriate interaction with the child in front of the therapist
- GALs and CASA workers are processing court orders for RCDSS staff because upper management will not let social workers process them
- All child emergency shelters are closed – down from 30 emergency placements to 1 per year
- There is no communication with community partners before, during or after removals
- Children are moved with no transition plan
- Several cases have unrealistic permanency goals
- RCDSS social workers often tell community partners "this is what I'm being told to do"
- One community partner stated "Richmond City DSS checked out about 2 years ago" when there was a change in upper management
- Many RCDSS staff are unprofessional, do not follow up, are rude and never return calls
- One community partner stated there was no response after 2 reports of safety issues
- When RCDSS hotline is called there is a delay in relaying the information to the social workers from the hotline staff.
- More cars are needed to be available for the CPS unit for transportation needs

Most of the community partners interviewed expressed that the VDSS QMR of the RCDSS is an opportunity to get feedback from and reach out to the community partners collaboratively to discuss ways to improve the child welfare services in the city. The level of trust between RCDSS upper management and workers is very poor and needs to be addressed immediately. There needs to be a commitment at the top, middle and bottom to MDTs. The goals of Transformation may have been over-simplified and more ongoing education about what the goals of Transformation mean is needed. Trauma is an area of deficit for workers. Staff is making decisions without having the knowledge that is needed. Training needs to be strengthened in substance abuse where the population/incidence is high but workers don't understand it. This is an opportunity for the state to look at the next step of Transformation. It's time to circle back and look at unintended consequences.

**INTERVIEWS WITH GUARDIAN ad LITEMS (GALs)**

Four GALs were interviewed. GALs are appointed by the court to work with juveniles, children and families. Among other tasks, GALs review foster care service plans. Most service plans are well done and specific to the case. Caseworkers compile many resources and complete family history from a multi-layered perspective. There is a good back-up system. The supervisor's name is on the service plan. If the caseworker cannot be reached, the supervisor is accessible.

Team Decision-making (TDM) is a very useful practice. However, an attorney for a parent would seldom be invited to attend the TDM. If a TDM is held involving a removal, 24 hours notice would probably not be enough time to allow for participation by an attorney.

Investigating child abuse cases are tough, but the agency does a good job. Caseworkers are knowledgeable about the cases and the children in their caseload. They offer many services to families.

Social workers try to keep families together or reunite them.

GALs stated that about a year ago there was pressure on social workers to have cases unfounded. Supervisors were taking on the role of the social worker. There was one case where a huge amount of money was spent. However, for some cases, staff tells the GALs there are no funds available.

Areas identified by the GALs as needing improvement and/or change:

- The cessation of Emergency Removal Orders was a disaster and was noticed by everyone involved in child welfare in the Richmond area. Complaints were made to the city attorney and to the local newspaper. It is obvious that the philosophy of the RCDSS upper management has changed and RCDSS is not removing children when needed. The city attorneys used to like strong GALs, but not anymore. Their client is RCDSS. There are few social services cases on the court docket, no protective orders, no emergency removal orders, and no 5 day hearings.
- Training on boundary issues with some families needs to be improved. There is a difference between building trust-based relationships and being friends with the clients.
- Service plans need to be more clearly written and developed further.
- Foster care cases have deadlines for filing various reports and if those deadlines are not met, there needs to be more transparency and documentation in the court record as to why the deadlines are not met, including details explaining why RCDSS is going outside of established boundaries and timeframes. This negatively impacts parents on appeal and it is important for the record for the child.
- Training on how to properly address the court is needed for caseworkers and would significantly improve their credibility.
- There seems to be a judicial change where children often are placed back in the home regardless of the danger or risk and "the best interest of the child" is ignored.
- There seems to be some preset agenda that is not common sense oriented and often is an unrealistic goal for the child.
- Too many "second chances" are provided for parents.

- RCDSS wastes money. One particular case was given as an example where it was stated that the RCDSS provided excessive services in the area of furniture, anger management, rent, transportation and even hired a private attorney when they disagreed with the court approved attorney. The former RCDSS Deputy Director kept intervening for this family.
- The supervisors and former Deputy Director were too involved with some cases.
- Accountability is lacking. In one case a mother was required to have mental health documentation before reunification. This did not happen but the child was returned home anyway.
- Some social workers are great, but if they don't like you, it is difficult to communicate with them. GALs are here to do a job and make recommendations. There may not always be agreement between the GAL and the social worker.
- Information is sometimes withheld from the GAL or it is sometimes difficult to get the information from the social workers. Supervisors are not forthcoming. Caseworkers and the agency attorney are often late to court.
- Some judges listen to their concerns, but they just do what they want. They never remove older children.
- GALs reported they get no response from social workers when trying to get PPOs filed. "Don't even bother calling in complaints, nothing happens."
- High risk cases are non-suited. GALs have never seen this before but it happens often now, especially on mature cases.

Other responses from the GALs:

Checks and balances for the protection of children and sound social work practice need to be in place. There is a practice of "cherry picking" professionals that will give the agency the information they want. The RCDSS no longer uses providers that do not give the agency what it wants, such as the National Counseling, an excellent vendor providing good reports. However, RCDSS no longer wants to utilize this counseling agency.

CASA work has been excellent. However, RCDSS caseworker preparation is an issue. There is a mountain of information in the case record that the caseworker should know when they come to court. CASA is a good source of information for the caseworker but all of the CASA reports and recommendations are hearsay. One GAL has been working in the courts for 6 years and has seen less than 5 children not being well served by CASA.

The RCDSS management philosophy of keeping children in homes regardless of the danger or risk must change. Cases should be handled individually, not with a blanket policy. A real shift occurred in this area a little over a year ago.

## INTERVIEWS WITH THE JUDGES, COMMONWEALTH ATTORNEY, CITY ATTORNEY and CITY COUNCIL REPRESENTATIVES

Individual, front line staff at the RCDSS are excellent and dedicated workers who do not receive support from management. Morale is at an all time low and management has allowed an atmosphere of fear and intimidation. Those interviewed commented that the significant staff turnover is a major concern as many dedicated staff members have left the agency. The last two years have been the most difficult because of a change in management at the RCDSS. The agency Director appears to be out of the line of authority and does not provide effective leadership.

Staff regularly is instructed by management not to talk to city attorneys without supervisory approval and the agency management works at keeping the attorney out of the case. RCDSS management oversteps boundaries in making final decisions. The agency's approach in dealing with child abuse and neglect cases has changed. Workers do not follow through with cases and do not keep communication open with the attorney's office. Children are returned home before criminal charges can be filed.

While the RCDSS child welfare Transformation initiative has experienced past successes and new services have been added, the decrease in the numbers of children in care was not as a result of the normal work and case practice of staff but because it was ordered by upper management. The high foster care re-entry rate is due to the multiple challenges faced by many families, such as poverty, drug abuse and mental health issues.

Most of the judges remarked that the numbers of protective and emergency removal petitions have decreased. However, none of the judges knew a definitive reason why this occurred. The judges indicated that RCDSS utilized petitions appropriately.

Suggestions for improvement at the RCDSS include:

- Custody issues should be evidenced-based and decisions concerning custody should be made by those staff closest to and working with the client.
- Morale issues should be addressed by upper management. Retaliation against staff who voice concerns or complaints is known and needs to stop.
- There are upper management leadership issues needing to be addressed.
- There have been significant problems associated with a few staff hired in the last couple of years, some of whom have been placed in senior management.
- Lines of communication need to improve.
- Trust in the system and in the workers needs to be addressed and improvements need to be made.
- The reason(s) for the high staff turnover needs to be addressed and remedied.

## INTERVIEWS WITH THE RCDSS DIRECTOR and EXECUTIVE TEAM MEMBERS

Individual interviews were conducted with the following members of senior management:

- Director
- Acting Deputy Director
- Former Deputy Director
- Program Manager, Adult and Child Intervention Services
- Program Manager, Child and Family Prevention Services

During the interviews the views expressed and information provided by the above listed members of senior management include the following:

- The RCDSS is a very dysfunctional agency.
- The RCDSS is not a high performing organization.
- There is a lack of stability in the organization and there are many silos.
- The Second Responder CPS staff thinks and act like they belong to the police department.
- There is poor communications from top management down to the workers.
- The mission of the agency is not clear to staff.
- The Director is not connected to the staff.
- Certain members of the Executive Team get into battles with the city attorneys.
- Some people are placed in positions for which they are not qualified. It is difficult to get the right person in the right job.
- Rules do not apply to certain individuals.
- There have been and continue to be unusual hiring and termination practices.
- There have been many favoritism issues and they have been discussed with the Director.
- Staff does not feel valued.
- Most of the supervisors are not firm enough with their staff and do not properly direct workers on what to do and how to do it.
- Staff turnover, especially in CPS, has been a major problem. All staff vacancies need to be filled immediately.
- There needs to be more information sharing among the units.
- Staff needs more training.
- Glad that the VDSS is conducting a comprehensive review of the child welfare units.
- The RCDSS is under a cloud due to a lot of recent media attention and the VDSS QMR. Management and staff are wondering about the findings and recommendations to be included in the final report.

**It was both surprising and disappointing that the members of senior management interviewed scored employee morale at 3.2 on a scale of 1-10, with 10 being the best. One individual stated that employee morale was lower than she had ever seen it.**

## Appendix A – Child Protective Services Staff Interviews

| Question | Workers' Response | Supervisors' Response |
|---|---|---|
| Morale –Scale 1-10(10 is best) | 3-4 | 2 |
| Supervision of staff by supervisor Scale 1 – 10 | 7 | 8 |
| Accessibility of supervisor | Low since one supervisor is out on medical leave. | Supervisors state they encourage teamwork, have open door policy and recognize each worker's strengths. |
| Consistency of Unit Meetings | Consistent monthly unit meetings where supervisors provide information. None with entire CPS program. | Unit meetings occur consistently on a monthly basis with one-on-one supervision provided weekly for new staff and monthly for experienced. |
| Sharing policy updates | Emails, unit meetings, quarterly program meetings, regional consultants. | Emails, unit meetings, quarterly program meetings, regional consultants. |
| Supervisory monitoring of work/Address challenges of workers | Monthly oversight/one on one supervision with feedback about OASIS, SafeMeasures, case monitoring. Some gaps in supervisory knowledge and correct guidance. | Upper management a challenge/barrier. Lack of internal policy. Monitor by use of Safe Measures data. |
| Communication | Good only within the unit. Some supervisors communicate in a demeaning manner which does not support worker growth and development. A hostile work environment was reported by staff as major concern. **This assessment needs immediate intervention and correction by upper management.** | Need better internal communication. Listed as one of three top concerns by staff. |
| Supervisory and upper level management involvement | Majority expressed not having felt a need to seek out upper management because supervisors are generally open and help resolve difficulties. (**The Review Team felt that there are some indicators that supervisors should be assessed for their knowledge, skills and abilities and proper interventions).** | Supervisors meet at least monthly with upper management (UM) to discuss personnel and difficult case situation. Most said upper management is not responsive to issues. Nothing changes when UM is approached. Present atmosphere has been described as "poor" and they have been told by upper management that they were not doing their jobs. Some described upper management as being inappropriate and not listening to staff concerns and suggestions. |
| Evaluation of work | Consistent evaluations every 6 months with monthly feedback. | Consistent evaluations every 6 months with monthly feedback. |

**Appendix A – Child Protective Services Staff Interviews**

**Relationship between units:**

| Permanency and CPS/PS Units | Adoption and Foster Care | Foster Care and Resource Families |
|---|---|---|
| Do not have consistent staffing and communication with new cases. Very little communication between units. | Not commented on. | Not commented on. |

**Effectiveness of stakeholder/Interagency collaborations:**

| CSA | CASA | Schools | DSS Attorneys |
|---|---|---|---|
| Could be a lot better. Example: service provider directory is prepared by and limited by CSA coordinator and needs to be broader; requirement by CSA to have kids at FAPT meeting is inappropriate and does not allow flexibility for DSS to decide otherwise. Supervisors agreed that CSA is not open to allowing a larger variety of providers to be selected for the special needs of children and families. | Few problems noted. | Most felt they had a good relationship with the schools. | Before former Deputy Director arrived, good relationship with attorneys and cases staffed regularly before court. Directive from former Deputy Director that social worker must limit communication with attorney has interfered with the ability to reach reasonable, appropriate and consistent case decisions. Indications present that case development and collaboration could improve without over direction from upper management. Supervisors point out a conflict between the city attorney and the Deputy Director. Communication was limited when the Deputy ended meetings between staff and attorney |

**Additional Child Welfare services needed**:

| Workers' Responses | Supervisor Responses |
|---|---|
| Interpreters for non-English speaking clients | |
| Additional quality parenting education classes | None needed but do need to communicate better with those providing services |
| Mental health counseling | |
| More group homes for those youth leaving Independent Living program | |
| Case aides and support staff | |
| Long term substance abuse treatment services | |
| Family Shelters | |

**Appendix A – Child Protective Services Staff Interviews**

**Most identified work-related concerns:**

| Worker Responses | Supervisor Responses |
|---|---|
| Low morale | Low morale |
| Promotional practices | Lack of internal polices |
| Organizational management | Communication |
| Questionable hiring practices | Favoritism by Deputy Director |
| Training for professional growth | Lack of respect by upper management |
| Internal communication | Lack of accountability |
| Records management | Trust my judgment in case decisions |

**What is working well at the agency?**

| Worker Responses | Supervisor Responses |
|---|---|
| Peer relationships – staffing to help each other with case direction and decisions | TDM processes |
| TDM process | Staff who care deeply about their clients |
| Dedicated staff | Teams that work well |

**What is not working well at the agency?**

| Worker Responses | Supervisor Responses |
|---|---|
| Directive by upper management that we cannot do removals-concerns about child safety | Bullying by upper management, "do this or leave" attitude |
| Cliques in agency- lack of working together between programs | Leadership and communication |
| Lack of professionalism by upper management | |
| Hiring and also promoting unqualified people | |

**What processes are used for relative search for children in care and at risk of entering care and across the life of the case?**

| Worker Responses | Supervisor Responses |
|---|---|
| Asks families for relative's names. Not familiar with Accurint. | Genograms, TDMS |
| TDMs | No access to Accurint |

**Appendix B – Permanency: Foster Care/Adoption Staff Interview Summary**

| Question | Workers' Responses | Supervisors' Responses |
|---|---|---|
| Morale –Scale 1-10(10 is best) | 3 | 3 |
| Supervision of staff by supervisor Scale 1 – 10 | 6 | 8 |
| Accessibility of supervisor | Variable; some high, some low | Supervisors state they encourage teamwork, have open door policy and recognize each worker's strengths. |
| Consistency of Unit Meetings | Consistent monthly unit meetings where supervisors provide information and at least quarterly meetings with foster care units meeting together. | Unit meetings occur consistently on a monthly basis with one-on-one supervision provided monthly for each worker. |
| Sharing policy updates | Emails, unit meetings, quarterly program meetings, regional consultants | Emails, unit meetings, quarterly program meetings, regional consultants |
| Supervisory monitoring of work/Address challenges of workers | Monthly oversight/one on one supervision with feedback about OASIS, SafeMeasures, case monitoring. Some gaps in supervisory knowledge and correct guidance. | Monthly oversight/one on one supervision with feedback about OASIS, SafeMeasures, case monitoring. Some gaps in supervisory knowledge and correct guidance. |
| Communication | Supervisory communication & interaction styles vary; many positive comments about tone, manner of appropriate communication. Clear indicators that some communicate in a demeaning manner which does not support worker growth and development. (This assessment needs intervention by upper management to set expectations). | Supervisors added that they monitor their workers using OASIS active foster children list and SafeMeasures. They use tools to assign cases in considering each worker's caseload counts. Units receive cases from CPS and Prevention Units based on a rotation schedule. |
| Supervisory and upper level management involvement | Majority expressed not having felt a need to seek out upper management because supervisors are generally open and help resolve difficulties. (The Review Team felt that there are some indicators that supervisors should be assessed for their knowledge, skills and abilities and proper interventions). | Supervisors meet at least monthly with upper management to discuss personnel and difficult case situation. Present atmosphere has been described as "poor" and they have been told by upper management that they were not doing their jobs. Some described upper management as being inappropriate and not listening to staff concerns and suggestions. |
| Evaluation of work | Consistent evaluations every 6 months with monthly feedback. | Consistent evaluations every 6 months with monthly feedback. |

**Appendix B – Permanency: Foster Care/Adoption Staff Interview Summary**

**Relationship between units:**

| Permanency and CPS/PS Units | Adoption and Foster Care | Foster Care and Resource Families |
|---|---|---|
| Do not have consistent staffing and communication with new cases. Foster care workers consistently are unable to state what CPS work is done towards relative identification and engagement to prevent removals/support family functioning. | Foster care and adoption have some differences in opinion about what permanency means. Foster care is more supportive of Permanent Foster Care than adoption. The tone of relationship between foster care and adoption is positive. | Generally positive with isolated comments regarding concerns as to how well resource family staff complete assessments as to appropriate approvals of homes. |

**Effectiveness of stakeholder/Interagency collaborations:**

| CSA | CASA | Schools | DSS Attorneys |
|---|---|---|---|
| Case management in foster care and adoption could be more effective and better able to promote timely permanency and accurate services to match children's' needs if CSA (FAPT/CPMT) better supported the DSS case management responsibilities and authorities. Example: service provider directory is prepared by and limited by CSA coordinator and needs to be broader; requirement by CSA to have children at FAPT meeting is inappropriate and does not allow flexibility for DSS to decide otherwise. Supervisors agreed that CSA is not open to allowing a larger variety of providers to be selected for the special needs of children and families. | Effectiveness is highly variable and there is no overall cohesive opinion. Knowledge of specific CASA workers would help these relationships be more effective. Supervisors indicated that some CASA workers cross boundaries with clients and some judges inadvertently supported CASA recommendation. | Relationships vary; however, generally IEPs and Best Interest determination are difficult. | There are some differences of opinion about case management decisions between social worker and attorney. Directive from former Deputy Director that social worker must limit communication with attorney has interfered with the ability to reach reasonable, appropriate and consistent case decisions. Indications present that case development and collaboration could improve without over direction from upper management. Supervisors point out a conflict between the city attorney and the Deputy Director. Communication was limited when the Deputy ended meetings between staff and attorney. |

**Appendix B – Permanency: Foster Care/Adoption Staff Interview Summary**

**Additional Child Welfare services needed**:

| **Workers** | **Supervisors** |
|---|---|
| Transitional housing for Independent Living (IL) youth | Less regulation from state and city for child care providers |
| Additional quality parenting education classes | More diverse selection of community partners |
| Therapeutic visitation supervision | More post adoption services |
| Transportation for kids and families for visitation and services | Targeted parenting classes |
| Case aides and supports | Transportation for clients |
| Long term substance abuse treatment services | Parent coaches |
| Family Shelters | |

**Most identified work related concern:**

| **Workers** | **Supervisors** |
|---|---|
| No consistent respect for staff by leadership/ need more competent leadership. | Agency's low morale due to upper management's micromanagement, poor communication and worker anxiety. |
| Low morale | Directives given but supervisors feel they cannot express their opinions. Some of these directives are: psychological evaluations of parents are discouraged as upper management has stated these evaluations are used against families; agency does not file CHINS petitions with the courts to order services; and unqualified staff are used by management to make CPS decisions. |
| Lack of consideration to staff input and feelings in decisions involving potential significant changes in unit structure and functioning. | |
| Questionable hiring practices; personal relationships influence who is hired resulting in incompetent/inadequately prepared staff | |
| Safe and maintained vehicles | |
| Safer parking options, particularly for late returns to office | |
| Work load equity and pay | |

**Appendix B – Permanency: Foster Care/Adoption Staff Interview Summary**

**Identify what is working well at the agency:**

| Workers | Supervisors |
|---|---|
| Peer relationships – staffing to help each other with case direction and decisions | FAPT and TDM processes |
| TDM process | Social workers in general relate well to the families and children. |
| Community partners, overall | There is much support between supervisors and workers. |

**Identify what is not working well at the agency:**

| Workers | Supervisors |
|---|---|
| Leadership does not supervise/manage with adequate attention to support work/life balance for staff. | Staff work hard but the Deputy Director has made the environment difficult and has decreased the level of communication. The Deputy Director's approach to moving staff to different programs and not explaining reasons for change has caused anxiety and low morale. |
| Internal and external customer service is inadequate and inconsistent (ex. Finance is not timely with IL stipends or payments to foster parents). | |

**Permanency Program Related Concerns:**

**Barriers to moving children to timely permanence**

| Workers | Supervisors |
|---|---|
| Particular child/family characteristics and needs that can be difficult to change. | Families need more intensive services for substance abuse and parent classes which are targeted to the needs of the individual. |
| Fiscal restraints (processes, length of time to get funds approved, availability of funds) | Inability to place children with relatives who have barrier crimes. |
| Inadequate/inconsistent concurrent planning philosophy and practice across continuance | Time needed to evaluate and assess relatives who often do not follow through or who are found ineligible |
| Appeals – (in the last 12 months TPR appeals have been as high as 8; now at 4 since 1/1/13) | |

**Appendix B – Permanency: Foster Care/Adoption Staff Interview Summary**

**What processes are used for relative search for children in care and at risk of entering care and across the life of the case?**

| Workers | Supervisors |
|---|---|
| Foster care workers consistently are unable to state what CPS work is done towards relative identification and engagement to prevent removals and support family functioning. | Resource Family Unit does an excellent job in searching for relatives; however, the agency often stays too long working with relatives whose plans for permanency for the child fail. |
| Resource Family Unit completes Accurint searches when children enter foster care. The Resource Family Unit also generally sends initial letters; however, **this process is inadequately documented in case records. It is unclear if workers understand certain documentation processes.** | The process of connecting a youth to a relative is conducted in a careful manner in order to prepare the youth for a possible life long relationship and to avoid disappointment if it does not work out. Supervisors all state that workers continue to seek out relatives even if the child's goal is adoption and has not yet been placed in a permanent home. |

**What is your perception as to the reasons for higher than average foster care re-entries?**

| Workers | Supervisors |
|---|---|
| Variability in the way workers manage cases. | Children are sent home at the five day hearing prior to the foster care worker's involvement; some judges return children home, which is in opposition to the agency's recommendation. |
| Discharge planning and service arrangement is inadequate (i.e. service levels decrease upon custody transfer; inadequate monitoring or services during trial home visits.) | Inconsistent monitoring of the home when the child is returned. (The usual timeframe for foster care to supervise is three months. When the supervision period is completed the case is referred to Family Preservation Unit, but at that point, it is the decision of the family to still want the agency involved.) |
| Court decisions are sometimes in discord with case worker recommendations. | |
| Inadequate assessment of appropriateness and safety of the family, of which the agency is transferring custody to. This is done to make numbers without adequate attention to child safety and long term permanency. Premature custody transfers. | |
| Difficulty with some parents' ability to sustain changes over longer periods of time. | |
| Upper management involvement in some decisions. This involvement is stated to be in support of / in accord with transformation, but does not adequately include safety and long term permanence. | |

**Appendix C– Employee Survey**

**Content and Methodology**

A confidential, electronic survey was sent to 114 employees of the Richmond City Department of Social Services Child Welfare Division as part of the Quality Management Review in order to gauge the health of the organization and identify perceived strengths and weaknesses. Sixty-nine employees (60%) responded to the survey.

The employee survey included 41 specific questions and targeted the following major areas:

- Culture and Work Environment
- Staff in Your Work Area
- Work Performance
- Leadership
- Training and Development

Employees were asked to rate each question based on the following rating scale:

1 = Strongly Disagree

2 = Somewhat Disagree

3 = Somewhat Agree

4 = Strongly Agree

0 = No answer (these responses were not included in the averages)

Staff was also asked to identify three strengths of the agency and three suggestions to improve agency operations. Staff was able to provide additional comments or suggestions. All respondents were guaranteed confidentiality. Therefore, the actual responses are not included in this report. For informational and management purposes, we have included summaries of responses not linked to individual staff members.

The employees' responses to the 41 survey questions were averaged. The average total score of survey questions was 2.65 out of a possible 4.0.

**Responses below a "3" rating should be considered as needing immediate attention and/or improvement and should be part of an overall improvement/corrective action plan to be developed by the Director of the local agency.**

## Appendix C– Employee Survey

| | Employee Survey Responses in Numerical Order | Average | Count |
|---|---|---|---|
| 01 | Our working atmosphere is friendly and professional. | 2.43 | 69 |
| 02 | There is healthy, two-way communication here. | 1.94 | 69 |
| 03 | I receive enough information to make decisions and perform my job. | 2.65 | 68 |
| 04 | Management supports the changes for overall performance improvement. | 2.17 | 65 |
| 05 | Employees support overall performance improvement. | 2.34 | 65 |
| 06 | I am trusted to perform the work that is assigned to me. | 2.87 | 69 |
| 07 | My coworkers are cooperative and willing to help with the work. | 3.42 | 69 |
| 08 | Our facility is safe. | 2.31 | 68 |
| 09 | I have the tools I need to perform my job. | 2.50 | 68 |
| 10 | Morale in the office is generally high. | 1.62 | 69 |
| 11 | There is a sufficient number of employees to perform the work. | 2.25 | 69 |
| 12 | Employees I deal with perform effectively in their positions. | 2.34 | 68 |
| 13 | Managers/supervisors I deal with perform effectively in their positions. | 2.30 | 66 |
| 14 | There is a back-up plan for emergencies, vacancies, and absences. | 1.93 | 69 |
| 15 | I understand my job/position. | 3.77 | 69 |
| 16 | I have a copy of my position description. | 3.28 | 65 |
| 17 | I am formally evaluated on a regular basis. | 3.24 | 68 |
| 18 | I am provided an opportunity to improve my performance problems/challenges. | 3.15 | 66 |
| 19 | I am provided an opportunity to work through relationship issue with my coworkers. | 3.07 | 61 |
| 20 | I am rewarded and recognized when I meet or exceed my performance expectations. | 2.11 | 65 |
| 21 | I am given the responsibility and the authority to successfully complete the job. | 2.69 | 67 |
| 22 | I have enough time to complete my workload in accordance with timeframes allocated. | 2.85 | 65 |
| 23 | I have enough time to take on additional responsibilities. | 2.17 | 66 |
| 24 | My performance is evaluated against criteria that make sense for my responsibilities. | 2.50 | 64 |
| 25 | I know what our mission or purpose is for this agency. | 3.39 | 69 |
| 26 | Management established clear goals and objectives for our agency. | 2.60 | 68 |
| 27 | Management makes an effort to create a positive & motivational working environment. | 1.85 | 67 |
| 28 | Management works with employees to streamline processes and procedures. | 2.03 | 66 |
| 29 | I have a good, working relationship with my supervisor. | 3.10 | 68 |
| 30 | I feel comfortable talking with my supervisor about any work- related issues. | 3.03 | 68 |
| 31 | My supervisor provides the guidance, resources, and tools that I need to do my work. | 3.01 | 67 |
| 32 | My supervisor considers my input on decisions being made for my work area. | 3.03 | 66 |
| 33 | State DSS employees are helpful and professional when I call them for help. | 3.23 | 48 |
| 34 | I receive the training I need to do my job and to keep up with changes. | 3.09 | 68 |
| 35 | The training I have participated in was organized, practical, and worthwhile. | 3.19 | 68 |
| 36 | I am pleased with the career opportunities here. | 1.91 | 65 |
| 37 | The management team is provided with leadership training. | 2.59 | 51 |
| 38 | I developed a learning plan with my supervisor to enhance my development. | 2.38 | 66 |
| 39 | I am cross-trained in other areas of the agency. | 2.45 | 66 |
| 40 | My supervisor and I maintain a record on my training history. | 2.97 | 66 |
| 41 | Employees have an equal opportunity for training and development. | 2.85 | 66 |

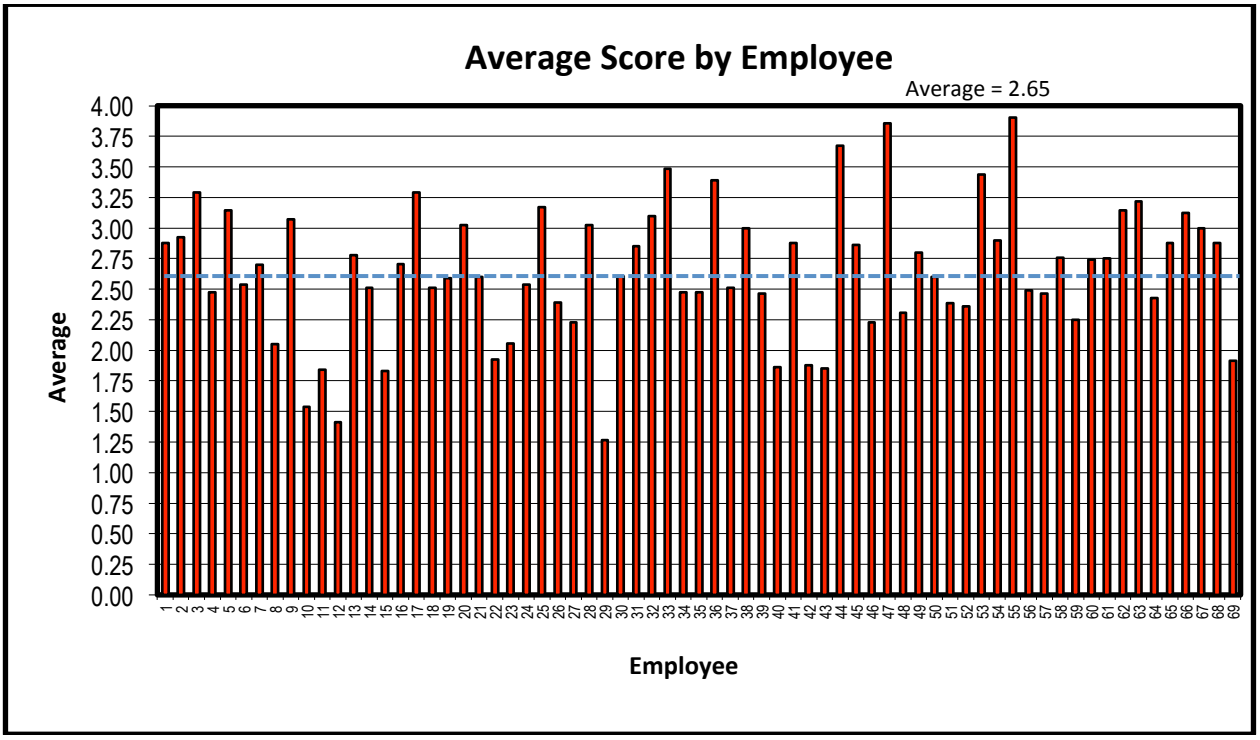
## Appendix C– Employee Survey

| | Average Survey Responses by Category | Average Score | Count |
|---|---|---|---|
| | **Culture and Work Environment** | | |
| 1 | Our working atmosphere is friendly and professional. | 2.43 | 69 |
| 2 | There is healthy, two-way communication here. | 1.94 | 69 |
| 3 | I receive enough information to make decisions and perform my job. | 2.65 | 68 |
| 4 | Management supports the changes for overall performance improvement. | 2.17 | 65 |
| 5 | Employees support overall performance improvement. | 2.34 | 65 |
| 6 | I am trusted to perform the work that is assigned to me. | 2.87 | 69 |
| 7 | My coworkers are cooperative and willing to help with the work. | 3.42 | 69 |
| 8 | Our facility is safe. | 2.31 | 68 |
| 9 | I have the tools I need to perform my job. | 2.50 | 68 |
| 10 | Morale in the office is generally high. | 1.62 | 69 |
| | **Average Score for Culture and Work Environment** | **2.43** | |
| | **Staffing In Your Work Area** | | |
| 11 | There is a sufficient number of employees to perform the work. | 2.25 | 69 |
| 12 | Employees I deal with perform effectively in their positions. | 2.34 | 68 |
| 13 | Managers/supervisors I deal with perform effectively in their positions. | 2.30 | 66 |
| 14 | There is a back-up plan for emergencies, vacancies, and absences. | 1.93 | 69 |
| | **Average Score for Staffing in Your Work Area** | **2.20** | |
| | **Work Performance** | | |
| 15 | I understand my job/position. | 3.77 | 69 |
| 16 | I have a copy of my position description. | 3.28 | 65 |
| 17 | I am formally evaluated on a regular basis. | 3.24 | 68 |
| 18 | I am provided an opportunity to improve my performance problems/challenges. | 3.15 | 66 |
| 19 | I am provided an opportunity to work through relationship issue with my coworkers. | 3.07 | 61 |
| 20 | I am rewarded and recognized when I meet or exceed my performance expectations. | 2.11 | 65 |
| 21 | I am given the responsibility and the authority to successfully complete the job. | 2.69 | 67 |
| 22 | I have enough time to complete my workload in accordance with timeframes allocated. | 2.85 | 65 |
| 23 | I have enough time to take on additional responsibilities. | 2.17 | 66 |
| 24 | My performance is evaluated against criteria that make sense for my job responsibilities. | 2.50 | 64 |
| | **Average Score for Work Performance** | **2.89** | |

## Appendix C– Employee Survey

| | Leadership | Average Score | Count |
|---|---|---|---|
| 25 | I know what our mission or purpose is for this agency. | 3.39 | 69 |
| 26 | Management established clear goals and objectives for our agency. | 2.60 | 68 |
| 27 | Management makes an effort to create a positive & motivational working environment. | 1.85 | 67 |
| 28 | Management works with employees to streamline processes and procedures. | 2.03 | 66 |
| 29 | I have a good, working relationship with my supervisor. | 3.10 | 68 |
| 30 | I feel comfortable talking with my supervisor about any work- related issues. | 3.03 | 68 |
| 31 | My supervisor provides the guidance, resources, and tools that I need to do my work. | 3.01 | 67 |
| 32 | My supervisor considers my input on decisions being made for my work area. | 3.03 | 66 |
| 33 | State DSS employees are helpful and professional when I call them for help. | 3.23 | 48 |
| | **Average Score for Leadership** | **2.80** | |
| | **Training and Development** | | |
| 34 | I receive the training I need to do my job and to keep up with changes. | 3.09 | 68 |
| 35 | The training I have participated in was organized, practical, and worthwhile. | 3.19 | 68 |
| 36 | I am pleased with the career opportunities here. | 1.91 | 65 |
| 37 | The management team is provided with leadership training | 2.59 | 51 |
| 38 | I developed a learning plan with my supervisor to enhance my development. | 2.38 | 66 |
| 39 | I am cross-trained in other areas of the agency. | 2.45 | 66 |
| 40 | My supervisor and I maintain a record on my training history. | 2.97 | 66 |
| 41 | Employees have an equal opportunity for training and development. | 2.85 | 66 |
| | **Average Score for Training and Development** | **2.69** | |

## Appendix C– Employee Survey




| Employee Survey Questions Receiving the Ten Highest Scores: | Average | Count |
|---|---|---|
| I understand my job/position. | 3.77 | 69 |
| My coworkers are cooperative and willing to help with the work. | 3.42 | 69 |
| I know what our mission or purpose is for this agency. | 3.39 | 69 |
| I have a copy of my position description. | 3.28 | 65 |
| I am formally evaluated on a regular basis. | 3.24 | 68 |
| State DSS employees are helpful and professional when I call them for help. | 3.23 | 48 |
| The training I have participated in was organized, practical and worthwhile. | 3.19 | 68 |
| I am provided an opportunity to improve my performance problems/challenges | 3.15 | 66 |
| I have a good working relationship with my supervisor. | 3.10 | 68 |
| I receive the training I need to do my job and keep up with changes. | 3.09 | 68 |

| Employee Survey Questions Receiving the Ten Lowest Scores: | Average | Count |
|---|---|---|
| Morale in the office is generally high. | 1.62 | 69 |
| Management makes an effort to create a positive / motivational working environment. | 1.85 | 67 |
| I am pleased with the career opportunities here. | 1.91 | 65 |
| There is a back-up plan for emergencies, vacancies and absences. | 1.93 | 69 |
| There is healthy, two-way communication here. | 1.94 | 69 |
| Management works with employees to streamline processes and procedures. | 2.03 | 66 |
| I am rewarded / recognized when I meet or exceed my performance expectations. | 2.11 | 65 |
| I have enough time to take on additional responsibilities. | 2.17 | 66 |
| Management supports the changes for overall performance improvement. | 2.17 | 65 |
| There is sufficient number of employees to perform the work. | 2.25 | 69 |

**Appendix C– Employee Survey**

**Question # 42 – IDENTIFY THREE STRENGTHS OF THE AGENCY**

59 of the 60 staff responding to the employee survey provided feedback to this question. Not all of those responding provided 3 strengths. The top areas employees identified as strengths, in order of the greatest number of responses are:

- Staff are caring, dedicated and concerned about families
- Co-workers support one another
- Staff is knowledgeable and well trained
- Supervisors and/or Program Managers are supportive of staff
- Training opportunities are available
- The agency has the capacity for positive change

**Question # 43 – IDENTIFY THREE THINGS TO IMPROVE AGENCY OPERATION AND/OR SERVICE DELIVERY**

60 staff responded to this question. The top areas identified by the employees as needed improvements to agency operation and/or service delivery, in order of the greatest number of responses are:

- Communication, in general, needs to improve
- Communication with Management needs to improve
- Staff input should be considered regarding service delivery, case management and operational changes
- Low morale needs to be addressed
- Policy/procedures should be developed and written, followed and understood
- Hiring practices and competency/qualifications of staff hired are inappropriate
- Staff needs to be held accountable by management

**Question # 44 – Additional Comments**

39 staff provided additional comments, shown in order of the greatest number of responses:

- Survey respondents reported unethical behavior/favoritism/cliques which need to be addressed
- Morale issues need to be addressed
- Inadequate pay/raises or salary compression study issues
- Leadership needs to step up. Director should be more involved or accessible to staff
- Competency / qualifications of some management staff are questionable
- Staff expressed fear and or bullying behavior by some in upper management

## Appendix D– Virginia Children's Service Practice Model

# Virginia Children's Services Practice Model

The Virginia Children's Services System Practice Model sets forth a vision for the services that are delivered by all child serving agencies across the Commonwealth, especially the Departments of Social Services, Juvenile Justice, Education, Behavioral Health and Developmental Services and the Office of Comprehensive Services. The practice model is central to our decision-making; present in all of our meetings; and in every interaction that we have with a child or family. Decisions that are based on the practice model will be supported and championed. Guided by this model, our process to continuously improve services for children and families will be rooted in the best of practices, the most accurate and current data available, and with the safety and well-being of children and families as the fixed center of our work.

### We believe that all children and communities deserve to be safe.

1. Safety comes first. Every child has the right to live in a safe home, attend a safe school and live in a safe community. Ensuring safety requires a collaborative effort among family, agency staff, and the community.
2. We value family strengths, perspectives, goals, and plans as central to creating and maintaining child safety, and recognize that removal from home is not the only way to ensure child or community safety.
3. In our response to safety and risk concerns, we reach factually supported conclusions in a timely and thorough manner.
4. Participation of parents, children, extended family, and community stakeholders is a necessary component in assuring safety.
5. We separate caregivers who present a threat to safety from children in need of protection. When court action is necessary to make a child safe, we use our authority with respect and sensitivity.

### We believe in family, child, and youth-driven practice.

1. Children and families have the right to have a say in what happens to them and will be treated with dignity and respect. The voices of children, youth and parents are heard, valued, and considered in the decision-making regarding safety, permanency, well-being as well as in service and educational planning and in placement decisions. .
2. Each individual's right to self-determination will be respected within the limits of established community standards and laws.
3. We recognize that family members are the experts about their own families. It is our responsibility to understand children, youth, and families within the context of their own family rules, traditions, history, and culture.
4. Children have a right to connections with their biological family and other caring adults with whom they have developed emotional ties.
5. We engage families in a deliberate manner. Through collaboration with families, we develop and implement creative, individual solutions that build on their strengths to meet their needs. Engagement is the primary door through which we help youth and families make positive changes.

## Appendix D– Virginia Children's Service Practice Model

### We believe that children do best when raised in families.

1. Children should be reared by their families whenever possible.
2. Keeping children and families together and preventing entry into any type of out of home placement is the best possible use of resources.
3. Children are best served when we provide their families with the supports necessary to raise them safely. Services to preserve the family unit and prevent family disruption are family-focused, child centered and community-based.
4. People can and do make positive changes. The past does not necessarily limit their potential.
5. When children cannot live safely with their families, the first consideration for placement will be with kinship connections capable of providing a safe and nurturing home. We value the resources within extended family networks and are committed to seeking them out.
6. When placement outside the extended family is necessary, we encourage healthy social development by supporting placements that promote family, sibling and community connections.
7. Children's needs are best served in a family that is committed to the child.
8. Placements in non-family settings should be temporary, should focus on individual children's needs, and should prepare them for return to family and community life.

### We believe that all children and youth need and deserve a permanent family.

1. Lifelong family connections are crucial for children and adults. It is our responsibility to promote and preserve kinship, sibling and community connections for each child. We value past, present, and future relationships that consider the child's hopes and wishes.
2. Permanency is best achieved through a legal relationship such as parental custody, adoption, kinship care or guardianship. Placement stability is not permanency.
3. Planning for children is focused on the goal of preserving their family, reunifying their family, or achieving permanency with another family.
4. Permanency planning for children begins at the first contact with the children's services system. We proceed with a sense of urgency until permanency is achieved. We support families after permanency to ensure that family connections are stable.

### We believe in partnering with others to support child and family success in a system that is family focused, child-centered and community-based.

1. We are committed to aligning our system with what is best for children, youth, and families.
- Our organizations, consistent with this *practice model*, are focused on providing supports to families in raising children. The *practice model* should guide all of the work that we do. In addition to practice alignment, infrastructure and resources must be aligned with the model. For example, training, policy, technical assistance and other supports must reinforce the model.
- We take responsibility for open communication, accountability, and transparency at all levels of our system and across all agencies. We share success stories and best practices to promote learning within and across communities and share challenges and lessons learned to make better decisions.
- Community support is crucial for families in raising children.

2. We are committed to working across agencies, stakeholder groups, and communities to improve outcomes for the children, youth, and families we serve.
- Services to families must be delivered as part of a total system with cooperation, coordination, and collaboration occurring among families, service providers and community stakeholders.
- All stakeholders share responsibility for child safety, permanence and well-being. As a system, we will identify and engage stakeholders and community members around our *practice model* to help children and families achieve success in life; safety; life in the community; family basedplacements; and life-long family connections.
- We will communicate clearly and often with stakeholders and community members. Our communication must reinforce the belief that children and youth belong in family and community settings and that system resources must be allocated in a manner consistent with that belief.
3. We are committed to working collaboratively to ensure that children with disabilities receive the supports necessary to enable them to receive their special education services within the public schools. We will collaboratively plan for children with disabilities who are struggling in public school settings to identify services that may prevent the need for private school placements, recognizing that the provision of such services will maximize the potential for these children to remain with their families and within their communities.

## We believe that how we do our work is as important as the work we do.

1. The people who do this work are our most important asset. Children and families deserve trained, skillful professionals to engage and assist them. We strive to build a workforce that works in alignment with our *practice model*. They are supported in this effort through open dialogue, clear policy, excellent training and supervision, formal and informal performance evaluation and appropriate resource allocation.
2. As with families, we look for strengths in our organization. We are responsible for creating and maintaining a supportive working and learning environment and for open, respectful communication, collaboration, and accountability at all levels.
3. Our organizations are focused on providing high quality, timely, efficient, and effective services.
4. Relationships and communication among staff, children, families, and community providers are conducted with genuineness, empathy, and respect.
5. The practice of collecting and sharing data and information is a non-negotiable part of how we continually learn and improve. We will use data to inform management, improve practice, measure effectiveness and guide policy decisions. We must strive to align our laws so that collaboration and sharing of data can be achieved to better support our children and families
6. As we work with children, families, and their teams, we clearly share with them our purpose, role, concerns, decisions, and responsibility.