



CHILD WELFARE LEAGUE OF AMERICA

FINAL REPORT

CITY OF RICHMOND

DEPARTMENT OF SOCIAL SERVICES

Submitted by:
Child Welfare League of America

August 15, 2013

Submitted to:
Deputy Chief Administrative Officer
City of Richmond

Table of Contents

INTRODUCTION	2
CWLA TEAM’S MODEL AND PROCESS	3
FINDINGS AND RECOMMENDATIONS	6
Children’s Rights	7
Findings	7
Children’s Rights	8
Recommendations	8
Shared Responsibility and Leadership	9
Findings	9
Shared Responsibility and Leadership	11
Recommendations	11
Engagement and Participation	11
Findings	11
Engagement and Participation	12
Recommendations	12
Supports and Services	13
Findings	13
Supports and Services	13
Recommendations	13
Workforce	14
Findings	14
Workforce	15
Recommendations	15
Quality Improvement	17
Findings	17
Quality Improvement	18
Recommendations	18
Race, Ethnicity and Culture	18
Findings	18
Race, Ethnicity and Culture	19
Recommendations	19
APPENDIX A	21
APPENDIX B	23

INTRODUCTION

In November 2012, the City of Richmond contacted the Child Welfare League of America (CWLA) seeking external assistance to review child welfare policies, protocols, training, case practice, and service delivery of the Richmond Department of Social Services (RDSS). It was reported to CWLA, there was growing “tension” regarding the issue of safely reducing the number of children placed in the care of the agency, and the perception by community advocates and others, that vulnerable children were being left in unsafe environments, or reunited too quickly with families who were not adequately prepared or able to care for them safely. There were additional concerns about deteriorating relationships among RDSS management and staff, representatives from the City Attorneys’ office, and other community partners. It appeared that central to these issues and concerns was either a lack of understanding or misinterpretation concerning the Virginia Children’s Services System Transformation (Transformation) Initiative, begun in 2007, with assistance from the Annie E. Casey Foundation. While RDSS was using the Virginia Practice Model as the “driver” of the Transformation effort, there were various interpretations by both RDSS staff and some community partners as to the goals of the Transformation.

CWLA’s work with RDSS began in early March, 2013. Prior to CWLA’s entry, the Regional Offices of the Virginia Department of Social Services (VDSS) had been invited by the Chief Administrative Officer (CAO) for the City of Richmond, to conduct a full scale Quality Management Review (QMR).

In an effort to avoid duplicity and to work transparently, CWLA and, the VDSS Regional Teams and RDSS had several conversations regarding roles, scopes of work, protocols, and purpose. It was agreed that CWLA’s review would complement the larger QMR that had already commenced. The state review was planned to include an in-depth review of over 100 cases, as well as interviews with staff and community stakeholders, law enforcement, judges, foster parents, and others, as deemed appropriate by the Regional Review Teams. CWLA was asked to take a “larger, broader picture” look at RDSS’s policies, case practice, training, systems integration, and relationships with community stakeholders. It was agreed that both reviews, would be based, in part, upon assessment of how RDSS responded to allegations of child abuse and neglect.

It is important to note that shortly after the Regional Review Teams began the QMR, the Richmond Office of the City Auditor, Office of the Inspector General launched its own independent investigation. This action occurred after a member of City Council informed the Office of the Inspector General that he had been approached by several RDSS employees who alleged “several significant issues with the operations of the RDSS.”¹ In addition, independently, the Office of the

¹ Richmond Office of the City Auditor, Office of the Inspector General, Final Report on the Investigation of Richmond Department of Social Services, May 9, 2013, pg. 1.

Inspector General “received numerous allegations from RDSS employees.”² The investigators met with the employees who made the following allegations:

“RDSS management made decisions that compromised the safety of children served by the Child Protective Service Unit (CPS).

“RDSS followed unfair hiring practices. This allegation was investigated by the City’s Human Resources Department and was found to be unsubstantiated.”³

Also, the City Administration asked the City Auditor to review the extent of missing records, a problem identified by VDSS in its review of a sample of cases. The results of the City Auditor’s investigation were presented in the form of a report to the Audit Committee on the City Council on May 9, 2013.

The VDSS Regional Review Teams’ report was released on June 17, 2013.

CWLA TEAM’S MODEL AND PROCESS

CWLA employs a highly interactive and transparent consultation process designed to engage a variety of people in the tasks of analysis, planning and implementation. The CWLA Review process commenced in early March and continued through July, 2013. During this time, the CWLA Team conducted four site visits.

The CWLA Team’s work consisted of the following components:

- An initial meeting with the Deputy Chief Administrative Officer (DCAO) of Human Services and Richmond DSS leadership team to introduce the CWLA team and to provide opportunity for discussion of the scope of the project, processes to be used, concerns of Richmond personnel, and clarification of staff and managers’ involvement.
- An introductory meeting with all staff and managers invited by the Richmond DSS leadership.
- Provision of ongoing guidance and technical assistance to the DCAO relative to personnel matters, immediate CPS concerns, and other tasks upon request.
- Provision of consultation and support by teleconference to the RDSS CPS manager.
- Case Record Review

² Ibid

³ Ibid

The CWLA consultants reviewed twelve case records assigned to them by the Regional Office Team. These twelve case records were a sub-set of the ones reviewed by the Regional Office Team. Some of the same case records were also reviewed by representatives from the Office of the Inspector General. Detailed information and data relative to the contents of the case records has been reported by the Regional Office Review Team and the Inspector General's Office.

- Interviews were conducted with:

Deputy Chief Administrative Officer;

RDSS leadership and staff, including the Director, the former Deputy Director, the Acting Deputy Director, all Program Managers, Human Resources Manager, Operations Manager;

Supervisors and Social Workers from all program areas (CPS, Foster Care, Adoption, Prevention, Adult Protective Services, CQI, and Second Responders);

The Comprehensive Services Act (CSA) Administrator;

City Attorneys;

SCAN; and

CASA.

Most interviews were individual. Many of the same staff also participated in group interviews.

- Focus Groups were attended by:

Family Court Judges;

RDSS social work staff and supervisors groups;

CWLA initially planned to meet with the following groups

- GALS;
- Foster Parents/Foster Parent Association members;
- Youth who had/were receiving services;
- Medical providers;
- Private agency providers;

However, plans were adjusted. (See next bullet.)

- In response to the CWLA Team's initial findings concerning exceptionally high CPS caseloads, uncovered cases, leadership's inability to take action, poor allocation of staff resources, cases in need of immediate intervention, lack of fully trained staff, and lack of available CPS certified supervisors, the CWLA Team adjusted its workplan. At the request of City and State personnel, CWLA began to address CPS issues of immediate concern, and to provide guidance to managers to ensure the safety of children and staff. CWLA provided technical assistance to guide identification of cases in need of immediate intervention.
- The CWLA Team facilitated a meeting with all CPS staff, during which plans for addressing the crisis situation in the CPS units were shared with staff. They were informed about the numbers of cases either pending or unassigned, and discussed caseload equity, training and supervision, and their concerns and suggestions for "fixing" CPS.
- The CWLA Team conducted a series of Exit Meetings with City and State personnel.

FINDINGS AND RECOMMENDATIONS

The CWLA Team acknowledges and applauds the staff at RDSS and other Review participants for their investment in the process, their willingness to participate in interviews and focus groups, providing information the CWLA Team requested, and for their commitment to making needed changes. The CWLA Team recognizes that for some time, staff have been working under very challenging and stressful circumstances, while carrying out their job responsibilities in a professional, caring manner. Their honest, transparent discussions provided the foundation for the findings and recommendations that follow.

The CWLA Team acknowledges that RDSS is in the process of making changes. See Appendix A for a memo concerning post-CWLA site visit efforts.

Virginia is one of several states with state-supervised, county-administered systems, and three additional states with hybrid systems.⁴ These systems have complexities beyond those of state-administered child welfare systems. Among the challenges of a locally administered system, is the tendency for responsibilities to become compartmentalized, for silos to develop, and for each entity to attend to its responsibilities without full consideration of the other's perspective and expertise. The significant failure of RDSS leadership to recognize and halt these siloed approaches to case practice, program development, building collaborative community relationships, and failure to more fully engage the City's families in addressing issues of child safety, permanency and well-being, rendered RDSS unable to fulfill its mission... "to strengthen families, assure safety, promote self-sufficiency, and improve the quality of life for all citizens of the City of Richmond through community engagement."⁵

The following Findings and Recommendations acknowledge the importance of the Transformation and the Virginia Children's Services Practice Model. It was clear to the CWLA Team that RDSS leadership, and therefore staff, was not able to uniformly adopt and implement the Model. While the infrastructure was in place, the mechanisms for implementation were not. Models of practice cannot be implemented without proper understanding of the nuances of the model, and the skills and tools social workers need to do the day-to-day work.

The CWLA Team recommends that RDSS consider using the recently published *CWLA National Blueprint for Excellence in Child Welfare*⁶, as a resource in the development of the Corrective Action Plan (CAP) for the State. The *National Blueprint* can also serve as a guide for agency leadership and staff alike, as they move forward to better serve the children, youth and families of the City of Richmond. (See Appendix B for Executive Summary, CWLA National Blueprint.)

⁴ <http://www.childwelfare.gov/pubs/factsheets/services.pdf>

⁵ City of Richmond Department of Social Services' Advisory Board's Annual Report, July 1, 2010-June 30, 2011, pg. 3.

⁶ CWLA National Blueprint for Excellence in Child Welfare, CWLA Press, April, 2013

Children's Rights

Findings

- Review of the case records revealed that in some instances, the rights of child/ren to have their basic needs met, including but not limited to: adequate food and clothing, safe environment, medical care (administering medication, changing dressings, flushing feeding tubes), keeping scheduled appointments, or working cooperatively with schools and other providers community providers, were superseded by the perceived rights of the parents to keep their children at home.
- Case record reviews indicated that children with serious medical conditions who were living with their parents were not given the level of attention or consistency of care needed on an ongoing basis. Yet they remained at home without measures to ensure their safety and well-being. Children who needed transplants were left at home with no additional services, and therefore left off of transplant lists.
- Interviews and focus groups indicated that RDSS's approach to abuse and neglect cases had changed dramatically during the past two years, shifting the focus to keeping children out of foster care despite evidence of safety concerns and potential risk of harm. This was particularly true in several cases where serious medical conditions were not being properly addressed by the parent/s/caretakers.
- There was evidence in the case records that the voices of social workers and City Attorneys regarding placement decisions were overruled without sufficient justification that alternate decisions were in the best interests of the child/ren's safety, permanency and well-being.
- The case record review revealed a trend of protracted decision-making, which often left children in less than desirable settings, impeded progress towards permanency, and discouraged the practice of concurrent planning.
- Case record reviews and interviews with social workers and supervisors confirmed that "concurrent planning" was not understood or implemented appropriately, and therefore permanency planning was not timely.

- Interviews indicated that RDSS staff did not, in some cases, seek possible placement with family members when children could not remain with original families.
- Interviews with staff and community partners indicated that in several cases RDSS did not adhere to best practice of keeping siblings together when placement was necessary.
- As of April, 2013 there were forty-four youth with a goal of “permanent foster care,” with eleven of those 44 attributed to youth in congregate care. According to the Virginia Children’s Service Practice Model, “Permanency is best achieved through a legal relationship such as parental custody, adoption, kinship care or guardianship. Placement stability is not permanency”.⁷

Children’s Rights

Recommendations

- In order for RDSS leadership and staff to work towards the shared goal of advancing the fundamental rights and needs of children and youth, all RDSS staff should participate in an agency-wide learning forum on the goals of the Transformation Initiative, including proper implementation of the Virginia Children’s Services Practice Model. While the Model espouses a set of beliefs and values, it does not provide enough detailed guidance for social workers and supervisors to follow. The CWLA Team suggests that a “transfer of learning to practice” model be put in place to help create a more focused learning environment for staff.

CWLA acknowledges that some time ago all staff were required to take the VDSS Practice Model Training on-line; however, since that time, there has been significant staff turnover and changes in job functions. In addition, the recommendation is for *all* staff, leadership included, to participate in a live training. The VDSS Training Academy should be included in the planning and delivery.

- Children must have a safe place to live, sufficient clothing, and a nurturing, caring environment. Social workers must have proper training and demonstrated competency to assess when these basic needs are not being met, to take action to protect child/ren, and to consider their best interests.

⁷ Virginia Children’s Service Practice Model

- RDSS must review its practice regarding the placement of siblings. When siblings cannot live with their family, they should be placed together unless there is clear rationale for why it is not in their best interests. In addition, separated siblings have a right to visit each other and to maintain contact even when they are adopted separately.
- RDSS should initiate use of the existing VDSS guidelines relative to Permanency/Permanency Planning and Concurrent Planning:

Virginia DSS Guidance includes the following definitions:

Permanency: Permanency for children means establishing family connections and placement options for children in order to provide a lifetime of commitment, continuity of care, a sense of belonging, and a legal and social status that goes beyond the child's temporary foster care placement.

Permanency Planning: An array of social work and legal efforts directed toward securing safe, nurturing, life-long families for children in foster care.

Permanency Planning Indicator: A tool used in concurrent planning to assess the likelihood of reunification. It assists the service worker in determining if a child should be placed with a resource family.

Resource Parent: A provider who has completed the dual approval process and has been approved as both a foster and adoptive family home provider. The provider is committed to support reunification and to be prepared to adopt the child if the child and family do not reunify.

Explore permanency with caregivers: In addition to full disclosure to parents about concurrent planning, equal candor shall be used with all other parties involved, including the child, the court, the foster parents, CASA, attorneys, and relatives.

- The CWLA Team recommends that RDSS fully utilize the staff hired to do Family Finding and fully implement the protocol currently in place for accessing relative searches.

Shared Responsibility and Leadership

Findings

- Interviews with all levels of staff as well as community partners indicated widespread agreement that there is a direct correlation between the lack of responsible, transparent, and competent senior leadership and the challenges currently facing RDSS. Since those interviews were conducted leadership has changed; however, the recommendations that follow should be used to guide the hiring of new, permanent leaders.

- The CWLA Team found there was a clear lack of team cohesiveness, and there were differences of opinion among some RDSS leaders relative to:
 - the general direction of the agency;
 - case practice priorities;
 - how best to insure the safety, permanency, and well-being of the children and families being served;
 - working with community partners;
 - building and sustaining a motivated, competent workforce; and
 - implementing continuous quality improvement strategies.

- Interviews and focus groups revealed consistent concerns regarding RDSS leadership's abilities to:
 - Understand the purpose of Virginia's Children's Service System Transformation (Transformation);
 - Implement the basic tenets of the Virginia Children's Services Practice Model;
 - Abide by City and State issued policy and/or practice guidelines; [For example, required staff training (CPS), kinship care (background checks), and case records management (records room in disarray, and case records being set up under the alleged perpetrators' names, which is contrary to good case record practice)];
 - Create an atmosphere of trust and respect among senior leadership, staff, and community partners;
 - Facilitate communication within the agency among co-workers, units, and program areas;
 - Preserve and nurture successful collaborative working relationships;
 - Manage effectively agency resources and staffing;
 - Use funds appropriately for in-home services, when there was evidence that the infusion of such funds had not improved the stability and well-being of many families and children;
 - Understand and use data and reports effectively to identify concerning patterns.
 - Identify, prioritize and address problems, and respond to them effectively; and,
 - Accept responsibility for decisions that negatively impact the RDSS staff, community partners, and the children and families served by RDSS.

- Staff and the City Attorneys revealed that social workers were often instructed not to discuss the possible filing of petitions, pending removals or recommendations to the court by RDSS with City Attorneys, unless they had supervisory approval.

Shared Responsibility and Leadership

Recommendations

- Individuals at each level of leadership should have the following competencies:
 - Broad-based child welfare knowledge and experience;
 - Strong communication and listening skills;
 - Effective problem solving skills;
 - Ability to provide support for staff in a respectful and professional manner;
 - Cultural competence, cultural humility, and awareness of the diverse individuals and groups in their community and among the RDSS workforce;
 - Skills necessary to initiate, nurture, and sustain collaborative working relationships with all external community partners, as well as colleagues within RDSS;
 - Understanding, embracing, and modeling a working philosophy of shared accountability and responsibility; and,
 - Knowledge and understanding of the effect of secondary traumatic stress on the workforce, and appropriate interventions.
- All levels of leadership should commit to creating an atmosphere of trust, honesty, transparency, and communication regarding plans for potential changes.
- All levels of leadership should be expected to stay current with best practices, trends, and relevant research, by participating in training, conferences, and networking opportunities.
- Leadership should evaluate the effectiveness of current practices and business processes on a continuous basis.

Engagement and Participation

Findings

- RDSS has not fully implemented the Virginia Children's Services Practice Model⁸, which embraces the following beliefs and practices:
 - All children and communities deserve to be safe;
 - Family, child and youth-driven practice;

⁸ Virginia Children's Services Practice Model (2007), Virginia Department of Social Services, Commonwealth of Virginia

- Children do best when raised in families;
 - All children and youth need and deserve a permanent family;
 - Partnering with others to support child and family success in a system that is family-focused, child-centered, and community based; and,
 - Believing that how we do our work is as important as the work that we do.
- Interviews with community partners indicated that efforts to build and sustain community collaborations for programs and services were sporadic until August, 2012, when a “Stakeholders Forum” was held to address the “State of Child Safety in Richmond City.”
 - Interviews and records indicated that parents and other family members were not engaged as expected by the Virginia Children’s Services Practice Model. Although Team Decisionmaking (TDM)⁹ is used at selected points in the life of cases, there are other times when TDMs are not conducted, or do not include all relevant team members.

Engagement and Participation

Recommendations

- RDSS should fully implement the Virginia Children’s Services Practice Model, and should consult with VDSS to ensure that services are delivered according to best practices, and with the safety and well-being of children and families as the highest priority.
- RDSS leadership and staff should be committed to active engagement of children, youth, families, leadership, and workforce in responding to needs within communities.¹⁰ (See also Leadership and Workforce.)
- RDSS should review the purposes of the agency’s Team Decisionmaking process to ensure that the approach maintains fidelity with the model. This includes ensuring that TDM meetings include social workers, parents, extended family and relevant community partners.

⁹ Team Decisionmaking, Involving the Family and Community in Child Welfare Decisions, A Project of the Annie E. Casey Foundation, Revised September 2002.

¹⁰ CWLA National Blueprint for Excellence in Child Welfare, CWLA Press, 2013, pg 52.

Supports and Services

Findings

- Interviews with community partners and staff indicated that community supports such as housing for families and preventive supports to families were in short supply, as were foster family resources. Once the recent challenges for RDSS became public, the available number of foster and adoptive family resources began to decrease and recruitment efforts have had minimal results.
- Interviews with staff and community partners revealed the initial implementation phase of the Team Decisionmaking Process (TDM) was well done and well-received. However, there was consensus and concern that the community was never fully engaged to either participate in TDM or to develop the resources needed to safely maintain children in their families and communities. (See also Engagement and Participation.)
- Interviews with staff revealed a lack of acknowledgement of the effects secondary traumatic stress and a lack of available support services for social work and supervisory staff. This created additional stress and frustration for the social work staff, contributing to staff turnover. (See also Workforce)

Supports and Services

Recommendations

- RDSS should work collaboratively with community partners to develop an array of services designed to meet the needs of the children, youth and families it serves, including foster and adoptive resources.
- RDSS leadership should develop or revise protocols for case assignments within and among the various program units. This process should include representatives from the supervisory and social work staff. Protocols should address:
 - Consideration of caseload size before assignment of new or transferred cases;
 - Face-to-face case transfer meetings;
 - Completion of all case notes and data entry prior to transfer or reassignment of cases.

- The Screening and Intake processes regarding eligibility for Family Preservation funds must be reviewed immediately to assure adherence to the already existing guidance/protocols. (See also Children's Rights.)

Workforce

Findings

- Training was listed as a top priority by staff; however, staff stated that when training was available, they could not attend due to lack of coverage.
- Supervisors expressed concern that they were not provided with appropriate learning and professional development opportunities from within RDSS.
- Interviews with staff and supervisors confirmed that not all current CPS social workers were certified in CPS, as required by VDSS guidance.
- Review of records indicated that home visits did not consistently provide concrete evidence that the social workers knew how to evaluate the following:
 - the child's medical status and safety;
 - the responsiveness and engagement of the birth parent/s;
 - the status of siblings, if any, in the home;
 - the completeness of the information being provided;
 - the safety of the home environment;
 - the adequacy of food and cleanliness;
 - drug and/or alcohol use/abuse in the home;
 - evidence and impact of long-term, chronic neglect.
- Review of case records indicated that Structured Decision-Making™ (SDM) Tools were being properly used. However, many cases scoring in the "high risk" or "very high risk" categories were not being opened for CPS services. This practice directly violated VDSS policy.
- Interviews revealed that 1:1 supervision between a social worker and supervisor occurred once per month. Staff indicated that in crisis situations, supervisors were available to the social workers. However, there is not a protocol for weekly scheduled supervision.
- Many staff interviewed opined that some supervisors and managers were not competent to do their jobs and were not held accountable to become more skilled.

- The majority of staff interviewed expressed concern that hiring practices did not follow City or State guidelines, and that “secrecy” often surrounded the hiring of a new staff person. (See also Race, Ethnicity, and Culture.)
- At the time of the CWLA site visits, CPS Investigations and Assessment caseloads had spiked to 45 to 85 per social worker. In addition, CPS workers had to remain on rotation for new cases while being re-assigned to cases whose social workers were out on medical leave or family leave.
- The RDSS Hotline was in disarray without a permanent supervisor, relied upon manually-kept report logs, lacked communication with and was not formally connected to the other units.
- All staff interviewed reported low morale, high levels of stress and illness, and significant absenteeism. Low staff morale was also reported during interviews with stakeholders and community partners.

Workforce

Recommendations

- RDSS should conduct a review of supervisory staff to determine whether each has the proper knowledge, skills, training, and education to execute stated job responsibilities.

In recent years, child welfare systems have collaborated to develop consensus on the parameters of supervision for child welfare agencies. The National Resource Center for Family-Centered Practice and Permanency Planning¹¹ and the National Child Welfare Resource Center for Organizational Improvement¹² teamed to publish a comprehensive guide for developing supervision models, policy and practice¹³, which sets the following criteria:

- clearly articulate in writing the organization’s practice philosophy and approach and acknowledge the statutory and policy requirements that shape agency practice;
- identify the functions and specific job responsibilities of child welfare supervisors;
- administrative supervision;
- educational supervision;
- supportive supervision;

¹¹ <http://nrcfcppp.org/>

¹² <http://muskie.usm.maine.edu/helpkids/>

¹³ Building a Model and Framework for Child Welfare Supervision
<http://muskie.usm.maine.edu/helpkids/rcpdfs/BuildingaModelandFrameworkforCWSupervision.pdf>

- recognize the centrality of supervisors' building and maintaining relationships with their supervisees and others to carrying out their supervisory responsibilities effectively;
 - mandate explicit and manageable standards for caseload size and supervisor supervisee ratios;
 - define expectations with regard to the frequency and format for supervision of frontline practitioners;
 - clarify the organization's expectations for ongoing evaluation of frontline practitioners;
 - support supervisors in their roles as unit leaders and change agents by:
 - systematically including them in quality assurance activities, program evaluation, and redesign of information systems, forms, and procedures;
 - training supervisors first for all policy and practice changes;
 - involving them in the recruitment, selection, and training of new frontline practitioners; and,
 - frequently recognizing their own and their units' accomplishments.
- Social workers from all program areas should be assessed to insure they have the appropriate knowledge, skills, training and education necessary to do their job on a daily basis, within the program area to which they have been assigned. Individual training and professional development plans should be developed to support their development of necessary skills.
 - RDSS should conduct an objective review of personnel policies to put to rest allegations, perceptions, and assumptions of favoritism relative to hiring, firing, promotional, and transfer decisions.
 - RDSS should use CWLA Workload/Caseload Standards for guidance to ensure reasonable case assignments for staff and supervisors across all program areas¹⁴.
 - An initial training and refresher course on the use of the Structured Decision Making model and tools should be available to ensure appropriate application of SDM at Referral Assignment and at Closure. The Children's Research Center (CRC) is often available to conduct this training.
 - The staff training needs self-assessment should be used to determine training priorities for staff. However, regardless of assessments, priority

¹⁴ CWLA Recommended Caseload/Workload Standards, Excerpted from *CWLA Standards of Excellence for Child Welfare Practice*, November 2008.

should be given to training staff on the concepts of permanency and well-being, and the practice of concurrent planning.

- RDSS should continue to work with the VDSS Training Academy to bring needed training to all staff.
- Cross training of staff from unit to unit and program to program, should be required and occur on a regular basis.
- Effective immediately, supervisors should schedule and conduct individual face-to-face supervision with each of their workers on a weekly basis.
- Unit meetings should be held bi-weekly, at a minimum, particularly during the next six months when the Corrective Action Plan (CAP) will be underway.
- RDSS should institute an evidence-informed program to address Secondary Traumatic Stress (STS). This program should be supported by a clear message from leadership of the necessity of sensitivity to STS issues.

Quality Improvement

Findings

- Although a Quality Improvement (QI) unit was created and was producing data relative to all facets of the child welfare programs, interviews with managers and staff revealed minimal understanding and use of the data produced. Senior staff did not know how to use information from the data systems (OASIS, SAFE Measures).
- The QI Unit was never fully integrated within the RDSS infrastructure. This was evidenced by the fact that while the CPS units were overwhelmed with cases, no one really knew how many until the Regional consultant and the CWLA Team requested that reports be run in order to ascertain the “real” numbers of cases needing assignment.
- Little, if any, attention was paid to data documenting the rise in caseloads and the CPS supervisory overload issues.
- CPS staff reported that requests for assistance from leadership regarding caseloads were mostly ignored which contributed to the loss of staff and the steep rise in the number of cases that were unassigned. (See also Leadership and Shared Responsibility.)

- RDSS did not engage community partners and stakeholders, including service recipients, in a formal process of providing and receiving feedback relative to programs, service delivery, and development of community-based resources.

Quality Improvement

Recommendations

- RDSS leadership should compare its Quality Improvement processes to other locally administered Departments of Social Services in Virginia that have developed and embedded QI functions in all program areas of the agencies.
- Staff should be educated about the importance of a viable QI Unit within RDSS, and should learn what data is available to them, how to use data as a tool to manage workloads, and how to identify other types of information that would be helpful to them.
- All RDSS staff should be responsible for creating and sustaining a culture and climate in which accountability, communication, responsiveness, and commitment to continuous improvement are valued and rewarded. (See also Workforce.)
- RDSS should create a mechanism for soliciting and considering feedback from service recipients (children, youth, and families), staff, community partners, other stakeholders, and community members at-large.
- To assure accountability, build trust in the community, and contribute to collaborative relationships, RDSS' Quality Improvement process should be transparent to children, youth, and families, community partners, stakeholders, and the general public. Qualitative and quantitative data that is gathered should be made available to the aforementioned groups.

Race, Ethnicity and Culture

Findings

- Former leadership failed to use known best practices concerning racial disparity and disproportionality to guide decisions about child safety, permanency and well-being.
- Interviews with staff and community partners revealed an environment that had been negatively impacted by a mistrust of the previous administration,

adding to existing concerns about religious and church affiliations of both staff and agency leadership, as well as a distorted view of staff and client entitlement to various supports and services.

- Interviews revealed instances where case assignments were made based upon the race/ethnicity of RDSS social workers rather than according to the skills of the social worker and the needs of the child and family.

Race, Ethnicity and Culture

Recommendations

- RDSS and all individuals working within RDSS should make a commitment to becoming aware of and overcoming individual and systemic bias.
 - Current RDSS leadership should take an active role in facilitating discussions with all staff and the community to identify the needs of children and families across racial, ethnic and cultural groups; to develop services to prevent and address child abuse and neglect; and to ensure that RDSS services are effective at both protecting children, and in reducing disparities within the service system.
 - Everyone working with children, youth and families should understand the complexities of issues related to race, ethnicity, and culture, and their role in ensuring the safety, permanency, and well-being of children.
- RDSS should adopt a “cultural humility” framework, that is, an understanding that customs, values, and social norms of one culture, may be entirely unfamiliar or even unacceptable in another culture.
- RDSS should insure that all staff are culturally informed about the diverse individuals and groups in their respective communities.
 - RDSS should examine disparities in its service delivery system, as well as the ways in which RDSS contributes to racial, ethnic, and other disproportionalities that negatively impact children, youth, and families. Data and information are critical tools that must also be used to understand the effectiveness of agency services and programs across service populations, and the impact of interventions in this area.

- RDSS should develop trainings and specific strategies needed to help overcome institutional racism and cultural bias. All staff should be educated about the effects of institutional and historical bias and discrimination, and should be aware of the potential for bias based upon implicit association, and should be open to changing their own attitudes and behaviors. (See also Engagement and Participation.)

APPENDIX A



CITY OF RICHMOND

Date: July 16, 2013
To: [CWLA]
From: Tonya Vincent
Interim RDSS Director
Re: Actions Taken since the QMR Report

We are on target to have the Corrective Action Plan (CAP) submitted by July 31st. However, we have not waited to begin remedying some of the most concerning findings from the QMR report. Some of the major steps taken so far:

- The Second Responder unit has been disbanded, and working closely with the state's CPS Regional Consultant, a new protocol and guidelines have been put in place to rotate On Call duties among all CPS staff. The "Child and Adult Protective Services After Hours Standard Operating Procedures" have been in effect for about a month and will be evaluated in August.
- CPS and other child welfare staff have been reallocated to implement a detailed plan to close out the large number of overdue CPS referrals. This plan calls for the backup to be eliminated by the end of September.
- The Training Division is working with the state and program managers to develop a universal list of mandated child welfare training and a system for tracking staff participation.
- Several new local policies have been put in place to address Permanency issues identified in the report, such as clearer guidelines on how relatives are notified when a child enters Foster Care and how relative searches are conducted and documented.

- There is a new executive team in place with an Interim Director, Interim Deputy and Interim CPS Program Manager. While these individuals are committed to making needed changes, the department is working closely with Human Resources to recruit the best possible candidates for these positions.
- Additionally, as of July 3rd the department has brought in a child welfare consultant to facilitate the development of the CAP and to help initiate the plan. She will be actively engaging the management team, staff and the community, as well as closely collaborating with the regional office director and program consultants.
- The Interim Director has instituted a monthly meeting with CPS staff to allow them direct access regarding issues and solutions.
- An all staff meeting has been scheduled for July 24th to provide information on the development and implementation plans for the CAP. Several interagency work groups will be formed to address organizational issues identified in the QMR report, and suggestions will be solicited from staff regarding who should be invited, priority issues, etc.

cc: Stephen Harms
Betty J. Zarris

APPENDIX B

**See Attached Executive Summary: CWLA National Blueprint for
Excellence in Child Welfare**