Commonwealth of Virginia
Organizational Readiness Survey Report
2016

The Commonwealth of Virginia Organizational Readiness Survey is a tool developed to assess the readiness of a state agency that offers guidance to local direct service providers through legislation, policy and guidance development, and strategic planning. The survey was conducted as a deliverable for the Vision 21: Linking Systems of Care for Children and Youth (LSC) demonstration project.

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We would like to acknowledge the support that the Vision 21: LSC staff have received from the National Council of Juvenile and Family Court Judges (NCJFCJ) staff as training and technical assistance (TTA) providers for the Vision 21: LSC project.

Below is a brief summary of the results of a Commonwealth of Virginia Organizational Readiness Survey conducted as a deliverable for the Vision 21: Linking Systems of Care (LSC) project. The Commonwealth of Virginia plans on focusing on a target population defined as follows:

> Children, youth, and transitioning young adults up to 21 years of age who have been victims of crime through personal experience or observation. This target population may include, but is not limited to, those who have been the victims of physical and sexual abuse, trafficking, bullying, community violence, and domestic violence. However, children and youth who have experienced trauma

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unassociated with a crime (e.g. natural disaster, loss of a loved one) will be excluded from this population.

The goal of the organizational readiness survey was to better understand policies and daily practices at the central office, state agencies and agency-related services and programs that influence the treatment and intervention of children, youth, and transitioning young adults within the Commonwealth.

Background

The Commonwealth of Virginia Organizational Readiness Survey was developed after reviewing several trauma-informed organizational readiness assessments and organizational change surveys.[1] Traditionally, organizational readiness instruments are conducted at a provider level because these individuals have direct contact with the targeted or client population that they serve. The purpose of this tool was to assess the readiness of a state agency that offers guidance to local direct service providers through legislation, policy and guidance development, and strategic planning. In terms of the delivery of human services such as mental health, education and social services, Virginia is one of only thirteen states that is state-supervised and locally administered. Local human service agencies and public schools are charged with the responsibility for the determination of eligibility (in some cases) and delivery of benefits and services to eligible individuals and families. The state departments are responsible for the proper operation of the overall system, and, in many cases, do not have the ability in many cases to enforce mechanisms of service delivery.

The Commonwealth of Virginia Organizational Readiness Survey focused on four key areas: (a) Agency Policy, (b) Program Practices, (c) Learning and Integration, and (d) Employee Wellness. Examples of survey items for each of these four topics are presented below.

Methodology

Procedure. The Vision 21: LSC staff in the Commonwealth of Virginia identified the state agency programs who were invited to participate in the Organizational Readiness Survey based on recommendations from members of the Partner Agency Team (PAT). The PAT is made up of representatives from state government agencies. PAT members have taken a governing role in the Vision 21: LSC project. For the Organizational Readiness Survey sample, PAT focused on agencies which provide direct services to children, youth, and transitioning young adults, as well as agencies who act as a 'payor' of services for the target population. The Vision 21: LSC staff was able to utilize a snowball sampling technique to distribute the Organizational Readiness Survey to potential participants.

[1] Some of the instruments reviewed while developing the Commonwealth of Virginia's Organizational Assessment included the Michigan Children's Trauma Assessment Center Trauma Informed System Change Instrument, Evidence-Based Practice Attitude Scale, Trauma System Readiness Tool, National Child Traumatic Stress Network Organizational Readiness and Capacity Assessment, and Trauma-Informed Organizational Toolkit for Homeless Services.

Prior to distributing the survey, the Vision 21: LSC Project Director sent an introductory email to nine identified agency Commissioners or Directors advising them of the survey launch date. Most Commissioners or Directors acknowledged their receipt with their intention to share and complete the survey among their agency. PAT members were asked to forward the survey link to their state agency's program managers and directors associated with the following agencies and programs:

Table 1. Agency and Staff Participant[2]s

Dept. of Criminal Justice Services (DCJS)	Dept. of Social Services (DSS)	Dept. of Juvenile Justice (DJJ)	Dept. of Education (DOE)	Dept. of Behavioral Health and Developmental Services (DBHDS)	Virginia Dept. of Health (VDH)	Department of Housing and Community Development	Department of Medical Assistance Services	Office of Children's Services
Division of Programs and Services Division of Law Enforcement and Security Services	Benefit Programs Family Services Licensing Community & Volunteer Services Child Care & Early Childhood Development VDSS Regional Offices	Community Division Institutional Operations & Behavior Services Unit DJJ Education Services	Student Assessment & School Improvement Special Education & Student Services	Division of Behavioral Health Division of Developmental Services Division of Forensic Services Quality Management & Development	Population Health Public Health & Preparedness Community Health Services	Division of Housing	Integrated Care & Behavioral Health Division Division of Program Operations Healthcare Services Division Program Integrity Division Managed Care Operations	Program Consultation Center of Excellence State Program Audit

[2] *For complete offices and programs surveyed for each Agency and Division, please see Appendix A.*

Because there appeared to be a delay in survey responses, Vision 21: LSC staff asked PAT members to send a reminder email inviting staff to participate in the Organizational Readiness Survey approximately one week from the launch date. A second and final email reminder was emailed respective agencies approximately one week prior to the closing date. The survey link was accessible between February 8th and March 15, 2016.

Results

Participants. A total of 359 individuals accessed the survey link. Of these 359 individuals, 215 reported their role with their agency. Sixty two percent of the respondents were Program Specialists, 20.9% were Program Supervisors (e.g., managers, office directors), 9.8% were Agency Administrators (e.g., agency directors, commissioners, assistant commissioners, etc.) and 6.9% were Administrative Staff (e.g., clerical or office assistants). An additional 15 individuals classified their roles as 'other' (e.g., counselors, resource specialists, etc.).

Nearly 49% of respondents reported having 1–5 years of experience in their *current* position, followed by those who reported having 6–10 years (18.4%). The remaining participants indicated having the following years of experience in their *current* position: Less than one year (10.0%), 11–15 years (11.3%), 16–20 years (6.3%), and more than 20 years (5.4%). In regards to *overall* experience, 63% of respondents reported having 16 years or more in their respective field. The remaining respondents reported having less than one year (2.1%), 1–5 years (9.2%), 6–10 years (10.9%), and 11–15 years (14.6%).

Agencies. Each agency invited to participate in the survey was represented in the voluntary sample. Thirty-five percent of respondents represented the Department of Social Services (DSS), followed by the Department of Behavioral Health & Developmental Services (DBHDS, 20.9%), the Virginia Department of Health (VDH, 15.0%), the Department of Education, (DOE, 12.5%), the Department of Criminal Justice Services (DCJS, 6.7%), the Department of Juvenile Justice (DJJ, 5.3%), the Office of Children's Services (OCS, 1.1%), the Department of Medical Assistance Services (DMAS, 2.5%), and the Department of Housing and Community Development (DHCD, less than 1%). It is important to note that only a few individuals from certain agencies (e.g., DJJ, OCS, and DHCD) were invited to participate in the survey. These individuals were targeted for the sample because they work within a program or office that have the most direct connection to services for children, youth or transitioning young adults at their agencies. For this reason, some agencies appear to have lower representation.

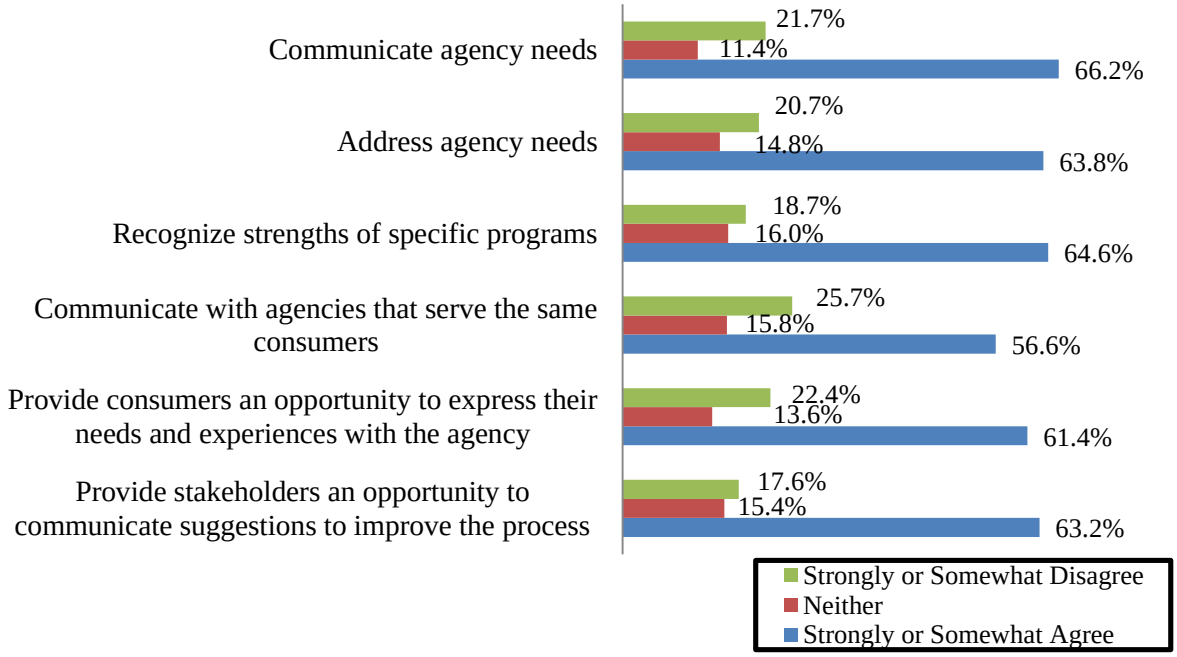
Survey Topics. The Commonwealth of Virginia Organizational Assessment Survey assessed four key areas: (a) Agency Policy, (b) Program Practices, (c) Learning and Integration, and (d) Employee Wellness. Examples of survey items for each of these four topics are presented below.

Agency Policy. This section assessed the adoption of policies, collaboration between offices, and decision-making practices and services provided. Participants were asked to share their knowledge of written policies administered at the local level which shape agency goals and staffs' individual actions. The sections (below) give more detail about respondents' perceptions about written policy, as well as the adoption of new practices/procedures.

Written policy. Respondents indicated that there is written policy in place which is committed to assisting and providing services to individuals whose primary language is *not* English (42.8%), followed by written policy committed to understanding (a) how individuals respond to information and seek services (26.6%), (b) the risk and protective factors associated with different cultural and racial groups (24.5%), and (c) the distressing situations consumers may have experienced (20.7%). Respondents also indicated that there is written policy committed to exploring an individual's current or past victimization history (17.4%, see Figure 1). It is important to note, however, that a significant number of participants (40-56%) who responded to each of these questions reported being *unsure* whether there was a policy in place.

Adoption of practices and procedures. Respondents indicated that they somewhat or strongly agree that when new practices and procedures are adopted, their agency does well to communicate agency needs (66.2%), address agency needs (63.8%), recognize strengths of specific programs (64.6%), communicate with agencies that serve the same consumers (56.6%), provide consumers an opportunity to express their needs and experiences with the agency (63.2%), and provide stakeholders an opportunity to communicate suggestions to improve the process (63.2%, see Figure 2). In sum, responses to each of these statements suggest that more needs to be done to communicate about practices and procedures with agencies who directly serve consumers.[3]

Figure 2. Adopting New Practices (n = 272)
When new practices are adopted, your agency does well to:

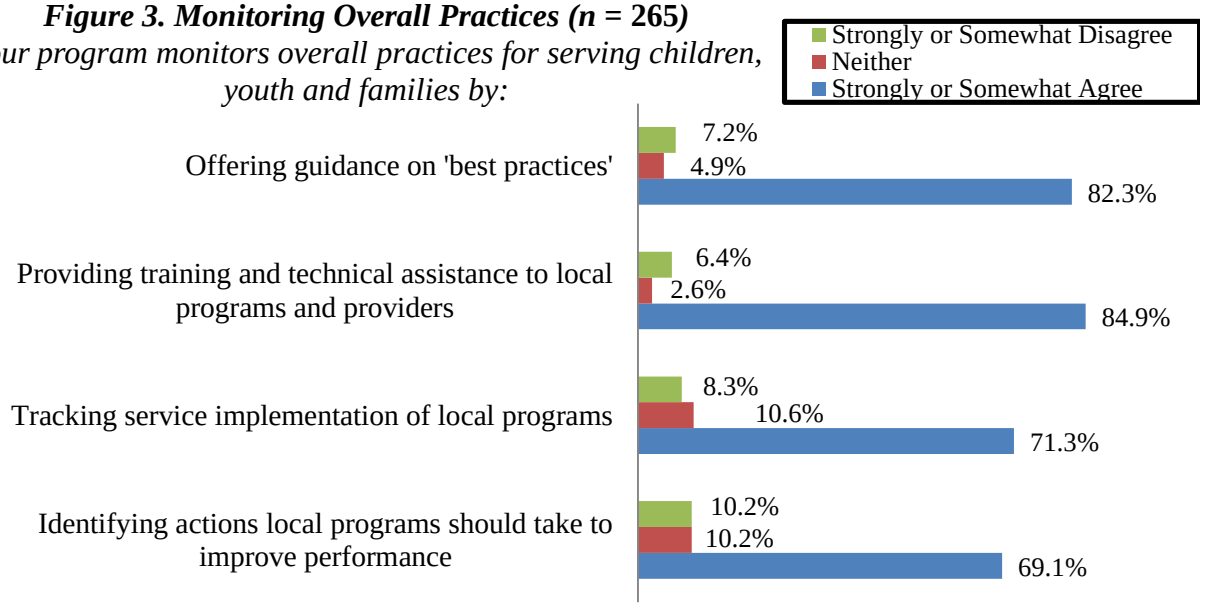


[3] Please note that respondents were able to respond 'not applicable' to these statements, therefore percentages may *not* total 100%.

Program Practices This section assessed agency's program by evaluating service delivery and its impact on the consumers served by their agency.

Program Monitoring. Program monitoring is an important component to ensuring that the quality of services provided to consumers remains consistent. Program monitoring also enables state agencies the opportunity to identify (a) issues and concerns with service delivery in a timely manner, (b) needs for enhanced training, and (c) offer technical assistance to achieve program progress. Over 82% of survey respondents somewhat or strongly agreed that their program monitors overall practices for serving children, youth, and families by offering guidance on "best practices". Similarly, 85% of respondents agreed that their program monitors overall practice by providing training and technical assistance to local programs and providers. Additionally, 71% of respondents acknowledged that their programs tracks service implementation of local programs, while 69% of respondents indicated that their programs identify actions local programs take to improve their performance (see Figure 3).[4]

Figure 3. Monitoring Overall Practices (n = 265)
Your program monitors overall practices for serving children, youth and families by:



Although a significant percentage[5] of respondents reported they were *unsure* whether their program offered local entities funding and/or guidance, the following data shows the percentage of respondents who indicated that their program '*always*' provides support to local programs by building capacity for

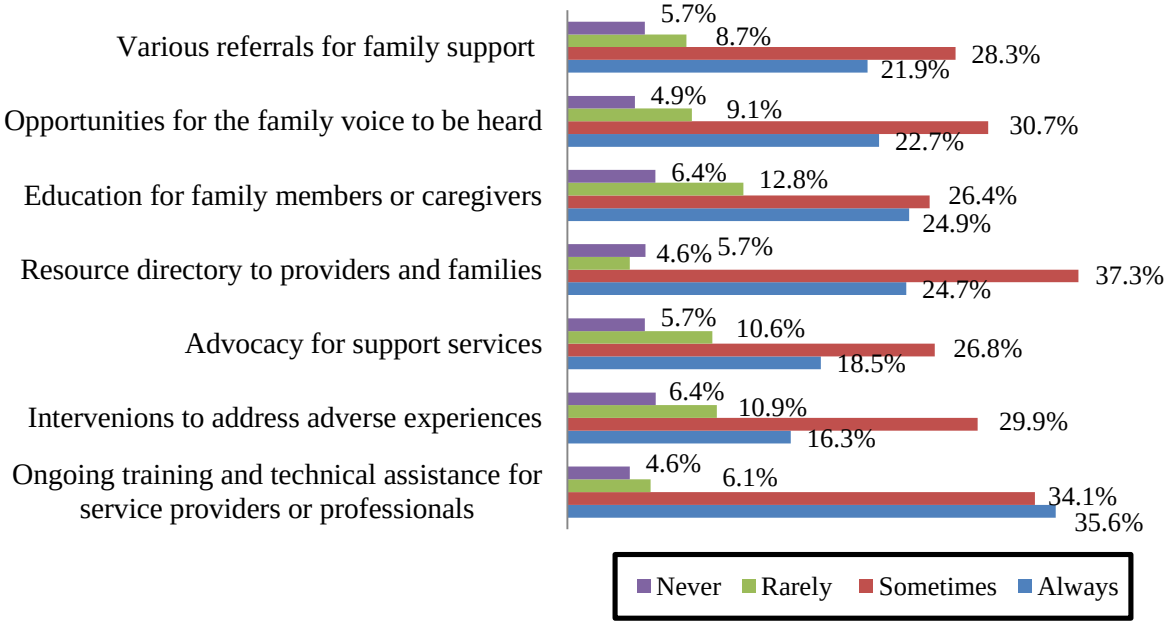
- Training and technical assistance for service providers (36%),
- Educating family members or caregivers (25%),
- Developing resource directories for providers and families (25%),
- Providing opportunities for family voice to be heard (23%),

[4] Please note that respondents were able to respond 'not applicable' to these statements, therefore percentages may *not* total 100%.
[5] Although aggregate responses varied by survey item, those who responded 'unsure' for these items varied from 13 to 24%.

- Making referrals for family support (22%),
- Advocating for support services[6] (19%), and
- Providing interventions to address adverse experience (16%, see Figure 4).

Figure 4. Capacity Building (n = 264)

How often does your program offer local programs support for capacity building for the following practices?

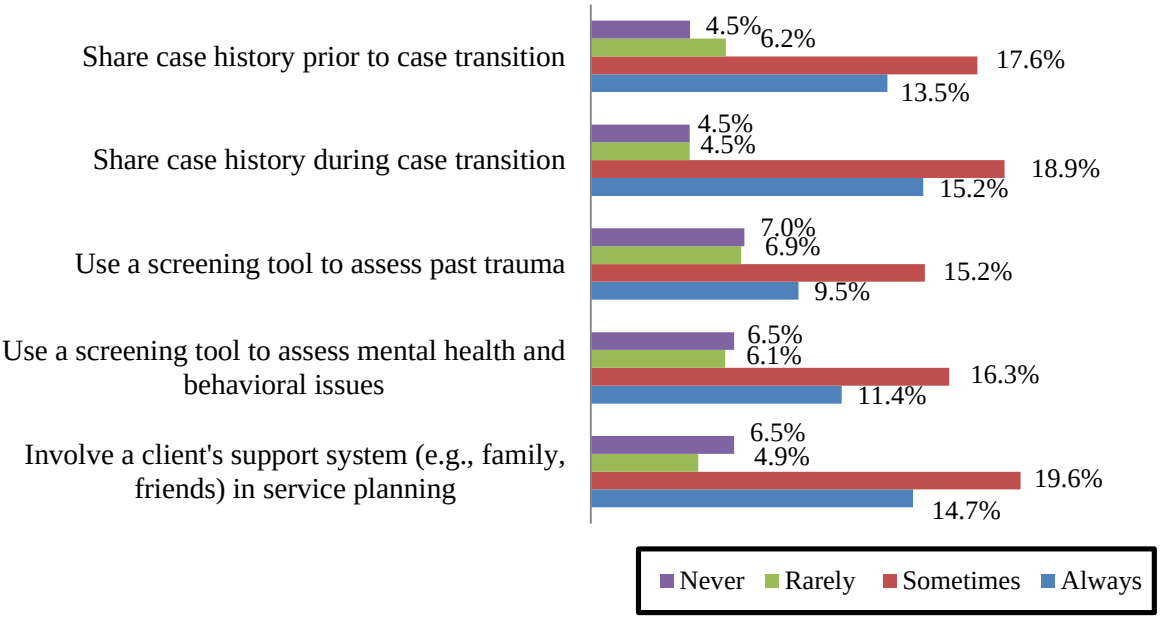


Respondents were also asked a few questions about case management practices. Like some of the previous questions, a large number of respondents were *unsure* whether their programs offered assistance on these practices or felt that the question was not applicable to their program. Overall, results suggest that programs reinforce positive case management practices (e.g., sharing case history prior and during case transition, using screening tools, and involving a client's support system in service planning) to their local programs through guidance and/or technical assistance on a *somewhat or always* basis ranged from 24% to 34%.

[6] Support services include financial, legal and community resources.

Figure 5. Ensuring Effective Case Management (n = 245)

How often does your program have to provide guidance to ensure that the following cases management practices are effectively addressed in local services?



The survey also contained two open-ended questions which asked participants to cite the case management practices that were (a) most effective and (b) in need of improvement. Some of the case management practices cited to be the *most* effective included but were not limited to:[7]

- Utilizing structured decision-making processes;
- Adopting trauma-informed practices (including strength-based, family-centered planning);
- Adopting objective screening tools, followed by an extensive assessment process and research-based interventions (when needed);
- Improving the case transition process (including online case management systems);
- Improving the referral system and following up with consumers about referrals;
- Developing collaborative multi-disciplinary partnerships (e.g., Family Partnership Meetings)
    - Having a shared vision across agencies;
    - Sharing resources (when possible);
    - Sharing data across agencies (when possible) and
    - Empowering and educating families about the process (including available resources).

Some of the case management practices cited to be *in most need of improvement* included but were not limited to:[8]

[7] Please note that these practices are *not* cited in any particular order.

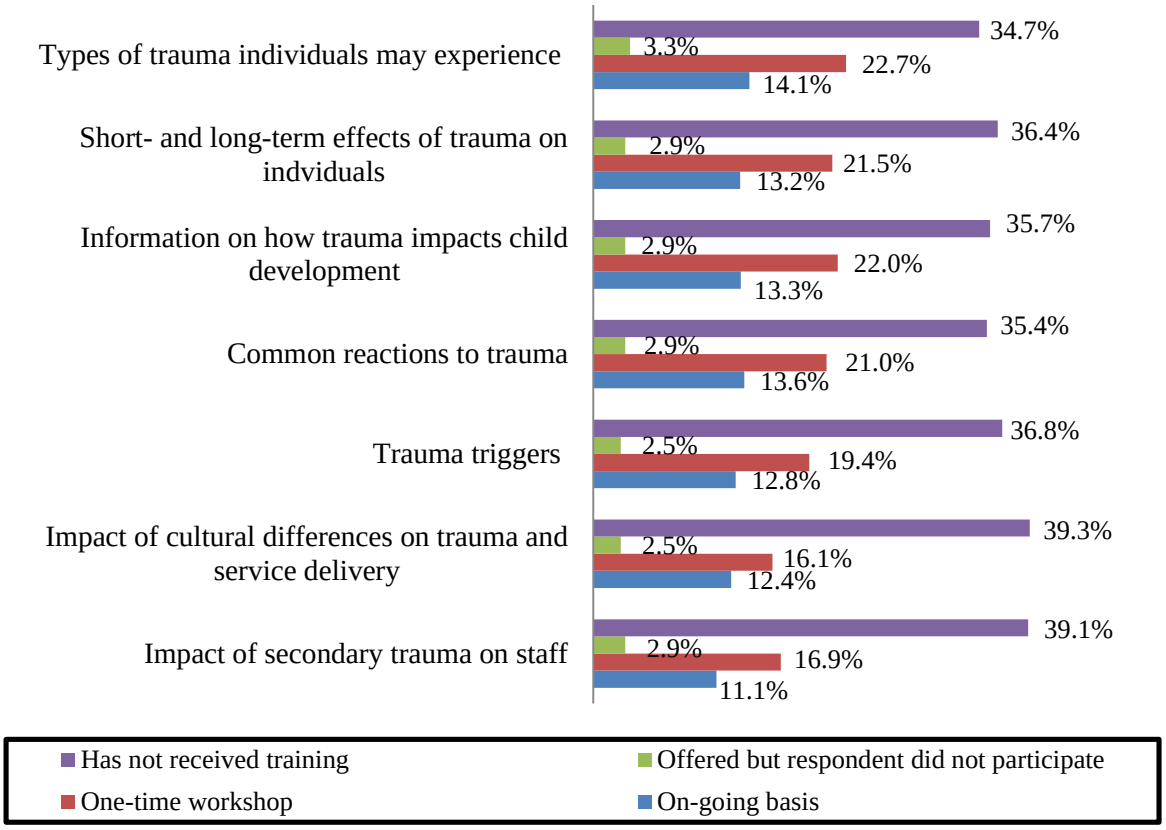
- Offering *on-going* educational workshops on various topics (e.g., domestic violence, substance abuse issues, trauma, etc.) for staff development;
    - Providing cross-training opportunities for staff in different agencies;
    - Informing staff about vicarious trauma and promoting self-care strategies;
- Improving quality assurance (i.e., identifying and measuring outcomes);
- Improving case coordination by
    - Setting an expectation of accountability;
    - Educating staff about the agency's complexities;
    - Requiring detailed case notes,
    - Following-up with cross-system referrals;
    - Sharing case information;
- Promoting family engagement and family-centered practices.

Learning and Integration. It is crucial that the workforce tasked with supporting the Vision 21: LSC target population is trained and educated in effective treatments, interventions, and strategies to address the needs that may arise from exposure to crime, violence, and other adverse experiences. This section of the survey asked respondents to report on trainings offered or supported by state agencies to enhance program staff's professional development and knowledge of trauma-informed practice. When asked about various types of trauma-informed training, only a small percentage of respondents acknowledged receiving training on an *ongoing* basis (see Figure 6)[9]. The most common topics cited related to trauma-informed care focused on (a) common reactions to trauma, (b) how trauma impacts child development, and (c) short vs. long-term effects of trauma. A greater number of respondents, however, reported *not* receiving any trauma training (see Figure 6), followed by those acknowledged attending a one-time workshop on trauma-informed practice. A significant percentage of respondents (25 – 30%), however, reported being *unsure* whether their agency had offered training on these trauma-informed topics.

[8] Please note that these practices are *not* cited in any particular order.

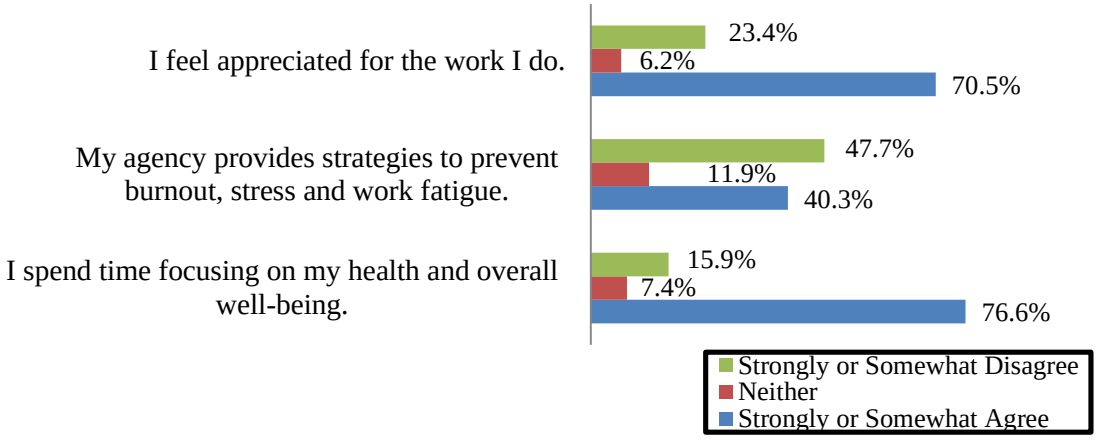
[9] Please note that respondents were able to respond 'unsure' to these statements, therefore, percentages may *not* total 100%.

Figure 6. Trauma-Informed Training (n = 243)



Employee Wellness. It is critical to address professional or personal stress because, if left unaddressed, it can result in burnout and impact performance of staff who serve children, youth and families. Survey participants were asked how strongly they agreed or disagreed with three statements about employee wellness. About 71% of respondents reported feeling appreciated for the work they do (see Figure 7). Over 76% of respondents also reported spending time on self-care (i.e., health and well-being). Only 40% of respondents felt that their agency provided them with strategies to decrease or prevent work-related stress, fatigue or burnout.

Figure 7. Employee Wellness (n = 244)



Conclusion

The Commonwealth of Virginia Organizational Readiness Survey provided valuable information on each of the state agency's approach to policies and practices as it relates to supporting a population that may be impacted by crime and violence. Even though aggregate responses cannot be generalized to the programmatic practice and delivery of service across the 133 localities of Virginia, these survey results do provide some insight into how each of the state agencies communicates the adoption of policies and implementation of daily practices.

In regards to written policy, nearly 43% of respondents indicated that their agency had written policy which focused on minority communities whose primary language is *not* English, followed by written policies that focused on understanding how individuals respond to information and seek services (27%). It is important to note, however, that nearly half of participants who responded to these questions reported being *unsure* about the current agency policies. This finding suggests that communication about agency policy between upper management and staff may need to be improved.

In line with effective communication is cross-system collaboration. Findings related to adopting new practice support a need for better communication across system stakeholders, including consumers. A small percentage of respondents (17–26%) strongly or somewhat *disagreed* that (a) agencies who serve similar consumers communicate with one another, (b) consumers have an opportunity to express their needs or experiences, and (c) stakeholders have an opportunity to offer suggestions to improve the process. While the need for collaboration within and between systems is not a new concept, it is crucial component of system reform.

When responding to open-ended items, respondents voiced the importance of collaborative, multi-disciplinary partnerships for effective case management and service provision. These partnerships include the development of a shared vision and common approaches to ensuring consistent and coordinated care. Maintaining on-going team meetings (including family members), as well as sharing resources and consumer data (when possible) were also cited as positive components of these collaborative efforts.

In regards to building capacity, findings suggest that many respondents were *unsure* whether their agencies offered local programs support through funding or guidance on best practices. Of the respondents who were more familiar with support offered to local programs, training and technical assistance (TTA) opportunities for service providers was most commonly cited, followed by opportunities to educate family members or caregivers. Providing interventions to address adverse experiences, however, was the least cited by survey respondents.

In regards to case management practices, findings suggest that some (but not all) agencies offer guidance or technical assistance to their local programs. Positive case management practices (e.g., sharing case history, using screening tools, and involving a client's support systems in service planning) could possibly be re-enforced at the local-level through more consistent guidance and/or technical assistance by their supporting agencies. Training on effective communication strategies to engage consumers and enable them to voice the needs of their family may be particularly useful when monitoring and coordination wraparound services for children, youth and families.

In regards to trauma-informed practice, a great number of respondents reported not receiving any trauma training, followed by those who acknowledged attending a one-time workshop on trauma-informed practice. For staff to feel knowledgeable and equipped for delivering trauma-informed care, it is crucial for them to have educational and training opportunities available on a consistent, reliable, and on-going manner. When responding to open-ended items, respondents voiced a need for cross-training and staff development opportunities on special topics (e.g., domestic violence, substance abuse, trauma), as well as self-care strategies to respond to vicarious trauma.

In regards to employee wellness, over three-fourths of respondents reported feeling appreciated for the work they do and many respondents acknowledged spending time on focusing on their overall health and well-being. Findings, however, suggest that less than half of respondents felt that their agency provided them with strategies to prevent work-related stress. Because many staff members have direct contact with children, youth and families who have experienced violence and/or trauma, all agencies should consider providing staff with information on vicarious trauma and how it is associated with employee fatigue or burnout.

Limitations

Consistent efforts were taken to ensure that representatives from all agencies were invited to participate in the survey. However, as each agency has their own means of communication or correspondence, there were some barriers in obtaining a larger sample. Because the survey sample size is less than 400 respondents, this data cannot be generalized to reflect a consensus of all central and regional office employees serving children, family, and transitioning young adults. However, the Vision 21: LSC staff believes the data collected offers some insight into the policies and daily practices of agencies across the Commonwealth. It is also important to note that the Commonwealth of Virginia Organizational Survey was shared with staff internally by agency representatives, not Vision 21: LSC staff. For this reason, Vision 21: LSC staff were

unable to calculate a response rate as there is no way of knowing exactly how many staff members received the invitation to participate in the survey.

Appendix A

Participating Commonwealth of Virginia Agencies and Programs

Department of Criminal Justice Services (DCJS)
http://www.dcjs.virginia.gov/

- **Division of Programs and Services**
  - Juvenile & Adult Services
  - Victim Services
- **Division of Law Enforcement and Security Services**
  - Public Safety Training
  - Field Inspections & Audits

Department of Social Services (DSS)
http://www.dss.virginia.gov/

- **Benefit Programs**
  - Child Care Assistance
  - SNAP
  - SNAP Employment Training
  - Temporary Assistance for Needy Families (TANF)
  - General Relief
- **Family Services**
  - Adoptions
  - Child Protective Services
  - Foster Care & Foster Care Prevention
  - Youth Services (Independent Living)
  - Promoting Safe and Stable Families
- **Licensing**
  - 8 Regional Offices in Children's Programs (Preschool, Child Care, & Residential Services)
- **Community & Volunteer Services**
  - 2-1-1 VIRGINIA
  - Office of Community and Prevention Partnerships
  - Office of Newcomer Services
  - Office of Family Violence
- **Child Care & Early Childhood Development**
  - 8 Regional Offices
- **VDSS Regional Offices**

Department of Juvenile Justice (DJJ)
http://www.djj.virginia.gov/

- **Community Division**
  - Community Programs
  - Re-entry Services
- **Institutional Operations & Behavior Services Unit**
  - Residential Division
  - BSU & Health Services
- **DJJ Education Services**
  - **Regional Principal**

Department of Education (DOE)
http://www.doe.virginia.gov/

- **Student Assessment & School Improvement**
  - School Improvement
  - Program Administration & Accountability
- **Special Education & Student Services**
  - Special Education
  - Instructional Services
  - Student Services
  - Special Education Program Improvement

Department of Behavioral Health and Developmental Services (DBHDS)
http://www.dbhds.virginia.gov/

- **Division of Behavioral Health**
  - Behavioral Health Wellness
  - Child & Family
  - Mental Health & Substance Abuse Services
- **Division of Developmental Services**
  - Community Supports & Services
  - Community Operations
  - Provider Development
  - Community Integration
- **Division of Forensic Services**
  - Sexually Violent Persons Program
  - Jail Diversion and Crisis Intervention
  - Adult Community-based Competency Restoration
- **Quality Management & Development**
  - Licensing
  - Clinical Quality & Risk Management

Virginia Department of Health (VDH)
http://www.vdh.virginia.gov/

- **Population Health**
  - Office of Family Health Services
  - Office of Minority Health & Health Equity
- **Public Health & Preparedness**
  - Office of Emergency
  - Trauma & Critical Care
  - Emergency Operations
- **Community Health Services**
  - Public Health Nursing

Department of Housing and Community Development (DHCD)
http://www.dhcd.virginia.gov/

- **Division of Housing**
  - Homeless and Special Needs Housing
  - Housing Program Administration

Department of Medical Assistance Services (DMAS)
http://www.dmas.virginia.gov/

- **Integrated Care & Behavioral Health Division**
  - Behavioral Health
  - Special Projects
  - Regulations & Provider Manuals
  - Behavioral Health Services Administrator Contractor Monitor
  - Long Term Care
  - Division of Program Operations
- **Healthcare Services Division**
  - CHIP/FAMIS
- **Managed Care Operations**
  - Clinical Services
  - Magellan
  - Care Managers

Office of Children's Services
http://www.csa.virginia.gov/

- **Program Consultation Center of Excellence**
- **State Program Audit**