

Child Abuse Prevention and Treatment Act
Report of the Child Abuse and Neglect Advisory Committee Citizen Review Panel
Family and Children’s Trust Fund of Virginia
May 2020

Background

The Child Abuse Prevention and Treatment Act (CAPTA) mandates the establishment of citizen review panels (CRP) to examine child protective services policies and procedures. When applicable, CRPs may also review specific child protective services cases in order to evaluate key concerns such as the CPS programs’ compliance with the State Plan, coordination with Title IV-E foster care and adoption programs, and child fatalities and near fatalities, as well as other concerns the panel considers important to the CPS program.

The Commonwealth of Virginia has three citizen review panels: The Child Abuse and Neglect Advisory Committee of the Family and Children’s Trust Fund (CAN/FACT); the State Child Fatality Review Team (CFRT); and the Children’s Justice Act/Court Appointed Special Advocate Committee (CJA/CASA).

The Family and Children’s Trust Fund (FACT) Board was established by the Virginia General Assembly in 1986 through enactment of § 63.2-2102 of the Code of Virginia. Created as a public-private partnership with the capacity to raise funds in the community for family-serving programs, the FACT Board has the stated mission of providing for the support and development of services for the prevention and treatment of family violence in Virginia. The vision of the Board is to reduce family violence through support of community-based initiatives, public awareness, and collaboration. FACT defines family violence to include child abuse and neglect, domestic violence, dating violence, sexual assault, and elder abuse and neglect. Through its trust fund, supported by donations from a variety of sources, the FACT Board is able to provide grants to financially support programs that serve Virginia families throughout the Commonwealth.

The FACT Board is governed by a 15-member Board of Trustees appointed by the Governor. The Board meets quarterly and members serve a maximum of 2 four-year terms. The Commissioner of the Virginia Department of Social Services (VDSS) serves as a permanent member. In 2012, the Governor’s Advisory Board on Child Abuse and Neglect (GAB) was absorbed into the FACT Board, with the citizen review panel functions of the GAB being assumed by the Child Abuse and Neglect (CAN) Committee established by the FACT Board at that time. The CAN Committee meets quarterly.

Virginia's Child Protective Services Programs and the COVID-19 Pandemic

The CAN Committee appreciates the response letter provided by VDSS Child Protective Services on January 27, 2020. VDSS addressed each of the seven areas of concern the CAN Committee submitted and the FACT Board adopted in March of 2019. The complexity of these concerns warrants comprehensive and ongoing efforts over several years. Therefore, the CAN Committee will continue to monitor some of the concerns noted in 2019, address a few new ones, and provide additional context below.

Currently, CAN Committee member discussions from 2019 and early 2020, and this list of specific areas of concern, are being overshadowed and compromised by the impact of the COVID-19 international pandemic. Social distancing, self-isolation, and quarantines have upended life as we know it in the United States and Virginia, with potentially dire consequences for the child welfare system and the children it serves. While we do not have a full picture of child protective services under COVID-19, we have four specific areas of concern:

1. First and foremost, the CAN Committee is profoundly worried about the ongoing safety and well-being of children at risk for physical abuse, sexual assault, and neglect. Children are now at home full time and potentially more vulnerable than ever. They are away from childcare providers, extended family, health care providers, and teachers – those critical eyes and ears of mandated reporters for suspected child abuse and neglect - and home with overly stressed caregivers who, in many cases, are at increased risk to cause harm to their children. We know that while calls to the CPS hotline are down, calls for help from victims of domestic violence are up. Parents who suffer with substance use disorders and/or mental health issues are struggling to access peer support and other recovery services during this immensely stressful time. Children are at high risk to be the silent casualties in all of these struggles. What, if any, emergency measures have been put in place to address these issues? What guidance and leadership is VDSS providing to local agencies to keep children safe?
2. The broader child welfare system – courts, attorneys, court appointed special advocates, foster care, adoption, and the network of services and resources to monitor and support abused and neglected children - has eroded under mandates for social distancing. How are local agencies and their staff working with abused and neglected children living with alleged offenders? With families under investigation? With children in diversionary and foster care? With children eligible for adoption? What do cases look like at this time? What proactive measures can be put in place to safeguard the well-being and safety of children?
3. Child Protective Service workers are among those first responders who are conducting investigations. Other social workers are monitoring children in foster and working with children, kin, and foster families with services and treatment plans. Do CPS workers and

family service specialist have the equipment and ability to stay healthy and virus free while on the job? How are they coping with the new demands of their jobs, as well as the needs of their own children and families? How are local agencies staffing cases? How does the Governor's hiring freeze and the projected budget shortfall impact the ability for local agencies to hire and retain workers to maintain proper staffing levels? This is a problem that faces many agencies currently and could become especially problematic if reports and caseloads increase.

4. As the current pandemic subsides, are there plans for VDSS to evaluate and review the strengths and challenges of Virginia's response to it? In the interests of emergency preparedness and planning for the next time, what lessons have been learned with regard to the role of child protective services in these events? How can the State of Virginia improve its child welfare system so that it truly serves as a guardian for families as well as a safety net for children?

Specific Areas of Continued Monitoring from 2019-2020

1. **Workforce development and retention:** The CAN Committee commends VDSS' multi-pronged approach to address the recruitment and retention challenges in local departments of social services across the Commonwealth. The Committee requests continued updates on the Workforce Study; the Virginia Services Training Model Implementation project, including information on the New Training Academy model; the Quality Improvement Center for Workforce Development; the Child Welfare Stipend Program; and the Child Welfare Employee Education Assistance Program. In addition, it is important to understand how the current financial difficulties are impacting the implementation of this programming. The committee is specifically requesting individual outcome data from each initiative, updates on the impacts of these projects as well as overall trends in VDSS development and retention of staff in local departments of social services statewide.
2. **Responsiveness of the state hotline and local call lines:** The CAN Committee is encouraged by the continued decrease in wait times for the State CPS/APS hotline, from more than one hour to the most recent report of 11 minutes. While this is still too long a wait when a child's health and safety is threatened, progress is clear. The CAN Committee recognizes the efforts that went into this improvement: the development of a new training course for new hotline workers; review and revision of relevant policies and procedures to make hotline response a priority; analysis of hotline data that informed adjustments to staff schedules to meet the needs of increased call volumes; and the prioritization of first responders in the call queue. We commend all of the steps taken by VDSS in the last year to address this issue, and request that the Department continue ongoing evaluation of and improvements to this program's effectiveness and report-backs to the CAN Committee on those outcomes.

3. **Practice of diversion:** Diversion is the practice of removing a child from their home to live with a relative or trusted adult identified by the parent and/or social worker to avoid foster care. The CAN Committee continues to be concerned about the safety, well-being, and permanency for abused and/or neglected children placed for care using diversion. Statewide standards of practice for in-home monitoring and tracking are needed because local policies and practices vary widely. We are not sure of the effectiveness of the practice, particularly in cases where the caretaker alleged to have abused the child(ren) continues to have access to them during the placement when they should not; and because local child welfare workers need additional training and resources to address the practice of diversion in their communities. The Committee requests information about how VDSS' plans to address diversion while making child well-being a priority, how "well-being" will be measured and reported out by the VDSS, and how diversion will be addressed through VDSS prevention efforts.
4. **Substance-exposed infants:** The CAN Committee recognizes VDSS' multipronged approach to improving outcomes for substance-exposed infants including data collection and analysis, public awareness, legislative action, and education and resource material development. At the same time, we believe that this is an urgent problem about which much more could and should be done. Key leadership in the state must ultimately come from the Virginia Departments of Health and Behavioral Health and Developmental Services and must involve coordination and collaboration across systems of care. VDSS will continue to play an important role in these cases; the Committee requests continued feedback from VDSS on its pertinent policy developments, legislative actions, and data trends in this area. A critical need for these families is programming that is research based, trauma informed, affordable and accessible. The Committee would like to see the state take a leadership role in initiating and overseeing the development and implementation of such programming.
5. **Child on child sexual abuse:** Virginia communities respond to child on child sexual abuse in a variety of ways. The response can be addressed through the criminal justice system, through child protective services, child advocacy centers, schools, and/or sexual and domestic violence programs. Sometimes the abuse is not responded to by any system and the children involved, and their caretakers, fall through the cracks. Sexual abuse in foster care placements and residential treatment facilities is problematic and often under reported. The Committee recognizes the challenges associated with these cases of problematic sexual behavior in children, and would like VDSS to continue to explore how these cases can be more uniformly responded to so that children in all Virginia communities are protected and the children exhibiting problematic behaviors are treated in a trauma-sensitive way. The Committee would also like to see this problem addressed through prevention.
6. **Child victims of sex trafficking:** Effective July 1, 2019, a new law in Virginia mandates that VDSS respond to human trafficking reports when the victim is a child. The law establishes a new response category to allow VDSS to respond to these cases by taking the child into care for up to 72 hours and if appropriate, returning them to their legal guardian. The

CAN Committee applauds VDSS efforts to support local departments as they prepared to implement the law and respond to complaints by: developing program guidance, training local department staff on the guidance, aligning regulations with the law, making changes to the child welfare information system to support data collection and case tracking on child sex trafficking cases, and convening a child trafficking workgroup to support a coordinated response in Virginia. The Committee requests continued updates and data on this issue in Virginia.

New Areas of Concern

In addition to continuing to monitor the six areas of concern from the 2019 CAPTA letter, the CAN Committee is adding this additional concern:

1. **Capacity building at the state and local levels:** As CAN Committee members discussed the issues listed above, it was clear that the VDSS and local departments of social services do not have adequate financial support to meet the challenges that vulnerable children and their families face today in the Commonwealth, much less future challenges anticipated as a result of the COVID19 pandemic. As VDSS moves to make the hotline a more real-time tool for reporting suspicions of abuse and neglect; as state and local staff work to find solutions that prioritize safety and well-being for children in diversionary care; and as local agencies add new children to their caseloads due to sex trafficking or child on child sexual assault, additional funding is needed to support state leadership, training, and data management at VDSS and most importantly to add child welfare professionals who work with children and families at local DSS agencies. We hope that, with implementation of the Federal Families First initiative in Virginia, these and other critical primary prevention efforts will be supported.

The FACT Board would like to thank VDSS for working to address the complex challenges of the Child Protective Services System and look forward to continue working closely together for the benefit of Virginia's children and families.