

**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 2018**

Background

The Child Abuse Prevention and Treatment Act (CAPTA) mandates the establishment of citizen review panels to examine child protective services policies and procedures, and where applicable, specific child protective services cases in order to evaluate such key concerns as, 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 Virginia Code. 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 incidences of 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 throughout the Commonwealth that serve Virginia families.

The FACT Board is governed by a 15-member Board of Trustees appointed by the Governor. The Board meets quarterly, and the 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.

At its March 27, 2018 meeting, the FACT Board received and approved the findings and recommendations of the CAN Committee on key concerns regarding child abuse and neglect and the response to it in Virginia. Those are set out below.

### **First Things: Understanding, Preventing and Responding to Trauma**

The FACT Board has long recognized that children’s exposure to trauma has both immediate and life-long impacts on the physical and mental health and cognitive functioning of those children. When trauma, and its impact on a child’s brain and body, goes unaddressed, the child’s life course is often altered, resulting in serious behavioral and emotional problems, cognitive difficulties, and poor performance in school and instability in life as both a child and adult. Preventing trauma, recognizing and properly responding to trauma when it does occur, building resilience in children and adults to manage trauma, and providing culturally competent treatment services to help individuals overcome trauma, have all been themes set by the FACT Board, both in its publications and in its awarding of grants to community organizations. The FACT Board’s Issue Brief in 2014 was entitled “Impact of Exposure to Intimate Partner Violence on Children in the Home”, and the CAN Committee followed closely and provided input on the development of practice guidelines for CPS workers by the Virginia Department of Social Services for addressing cases of children exposed to domestic violence. The impact of trauma on children and youth continues to be a central concern of the FACT Board, and is reflected in its other activities.

The FACT Board has focused on trauma informed care and practice (including the development of individual and family resilience) as a central theme in its support for families and for all family members – children, parents and seniors. In 2016, FACT Board staff and members began an ongoing “Issue Brief” series on trauma across the life span, and it has highlighted best practices in addressing and preventing and addressing trauma in different settings. In its grant awards, the FACT Board requires that applicants demonstrate how their service or program incorporates trauma-informed principles. FACT Grants support both trauma-informed direct services and trauma-informed community networks.

The FACT Board considers trauma-informed care to be a critical component of any child protective services program, from prevention through intervention. Understanding the ways in which trauma can impact the condition and behavior of children and adults is critical to successful CPS investigations and service provision, and to the ultimate resolution of those cases. We strongly urge the Virginia Department of Social Services to adopt trauma-informed principles in designing and carrying out its prevention, investigation and support services.

Trauma-informed principles apply as well to the support of child protective services workers. These workers regularly must confront cases of child abuse or neglect in which the damage done to the children involved is traumatizing to discover and confront, and these workers must often deal with parents who are angry, despairing and threatening as the workers try to conduct an investigation, protect these children and help these families. In addition, agencies need to recognize that internal agency issues such as lack of resources and bad management also contribute to staff trauma. The impact of these experiences on the physical and mental health of CPS workers needs to be recognized, and any meaningful workforce development practices adopted by the Department, and by local social services agencies, needs to include trauma-informed support for staff.

As reflected in the CAN Committee's 2016 report, the Committee recommended to VDSS that it develop and train all child welfare workers about trauma informed practice, trauma informed supervision and coaching, and the need for trauma certification. In response to this recommendation, VDSS became one of the Casey Family Programs projects participating in a Learning Collaborative (LC). The goal of the Virginia LC Series is to bring together participant teams from local social services agencies to learn about and apply innovative practices and strategies to improve their ability to support abused and neglected children and their families. VDSS administered a Trauma System Readiness Tool to the 21 local agencies that participated in the LC. An online training course on trauma informed practice was also developed and made available for all child welfare staff as well as others outside of the child welfare system. While such training was an important step in introducing trauma-informed principles to CPS practice for many CPS workers, VDSS has not yet taken steps to permanently update statewide training and performance standards and Departmental policy and practice to incorporate trauma informed principles and ensure uniform trauma-informed practices statewide.

We urge the Department to move in that direction, and to work with other child and family-serving agencies in developing a coordinated approach to using trauma-informed principles and services.

### **Specific Areas of Concern**

The CAN Committee recently received a report from VDSS, CPS Manager, Christopher Spain regarding the findings in the most recent CAPTA review by federal authorities. Several deficiencies in achieving full CAPTA compliance were identified, and Mr. Spain described initiatives being taken to achieve compliance. The CAN Committee will be following the progress of those efforts.

In addition, the CAN Committee submitted, and the FACT Board adopted, the following set of concerns on which VDSS attention and action are needed:

**1. *Workforce development and retention:*** The high rate of turnover of child protective service workers is a serious concern. The CAN Committee is particularly aware of the difficulty of recruiting and keeping qualified staff to work in rural areas of the state, where the relative isolation of many homes compounds the challenges of providing timely responses and access to services. When local agencies are unable to maintain a full complement of CPS staff, they are also unable to allow the staff they do have to take needed training to have the knowledge and skills necessary to do this difficult work. That lack of training then results in burnout for workers, and inadequate responses for families and communities, and on occasion can have tragic consequences. The CAN Committee is aware that it is the local agencies, and not VDSS, that hires and fires staff and makes decisions about sending staff to training, so that the Department has limited tools and limited power to institute needed changes. While VDSS does have the option of withholding state funding from local agencies that fail to obtain needed staffing levels and training, that withholding, usually from communities already strapped for funds, only results in the further degradation of staffing and services in those agencies. However, the difficulty of fixing this problem does not diminish the seriousness of the problem or the need to find a solution. The Department may need to consider whether additional tools, or even different governance structures, are needed to ensure that skilled workers will be there when the Commonwealth's children – and their families – need them.

There is also a growing problem in finding enough qualified individuals statewide to hire, for both local and state positions. A partnership among the state, local

agencies, and our institutions of higher education would appear to be needed to develop a clear picture of the need for trained staff and a strategy to recruit and educate individuals for public service.

**2. *The responsiveness of the state hotline and local call lines:*** Lay people and professionals alike who decide to make a report of suspected child abuse or neglect to a local agency or to the state hotline are taking a dramatic action, one that can involve conflicting feelings of concern over the possible consequences of contacting the government about the conduct of another person and fear over possible harm to a child if that contact is not made. The last thing these reporters need is a long wait on the phone because a worker cannot speak with them, or, once in contact with a worker, finding someone who seems unreceptive toward their concerns. Unfortunately, it appears that many reporters in Virginia are having just that experience. There are increasingly long wait times for callers, and increasing complaints that some of the individuals working on the state hotline are abrupt or unreceptive to callers. We understand from reports that, even with this serious problem, the state hotline is being asked by more local agencies, and for longer periods of time, to take the child abuse and neglect calls made to those agencies during their normal business hours. Some agencies are requesting this “cover” for limited periods (such as days when staff are all in training), but others have asked the state to take all calls because they simply cannot manage them anymore. This is an intolerable situation. The safety and even lives of children are placed at risk by the delays that come from inadequate coverage of these calls. In addition, the public’s confidence in the child abuse and neglect response system can be seriously eroded because of this problem. If the system does not respond, people will ask, why bother to call?

We understand that there has been some increase in funding to enable the hiring of additional state hotline workers, but we also understand that the problem of timely response remains at both the state and local level. There has to be a firm and properly funded plan to make sure that people will hear a voice at the other end of the line when they make the decision to call in a report, and that the worker on that call will respond professionally, politely, and empathetically, and will take the time to provide explanations to callers when they are confused. The credibility of our response system and safety of the state’s children depends on this.

We suggest that the Department consider the following: looking to the social services departments of other states as possible models; studying the current use of temporary and remote workers; exploring the various technologies used

by other government entities, and by businesses, that have significant numbers of calls from the public as part of their operations; enabling callers to check on the status of their reports after they have been received; providing training on supportive, professional conversations with callers, and monitoring workers' performance and assisting workers in making improvements.

3. ***The use of Structured Decision-Making (SDM)***: The CAN Committee has long supported the use of SDM, which provides CPS workers with an evidence-based tool to assess risk to children and determine appropriate interventions when conducting CPS investigations. The Committee was disappointed when VDSS suspended its contract with the Children's Research Council (CRC), the developer of SDM, which meant that the data developed by Virginia CPS workers on their investigations and the outcomes of their assessments and actions were no longer being added to the data base that informed and evaluated the use of the SDM tool in Virginia. The Committee was gratified to learn that VDSS recently entered into a new contract with the CRC to update and maintain the SDM tool for Virginia workers.

It is, of course, one thing to have a valuable tool, and it is another thing to actually use it. The Committee has been made aware that, even in agencies that are using the SDM, some workers are not oriented toward actually using the SDM as a tool to help them make decisions in the field, but instead are viewing the SDM as "one more form" to fill out after the fact, as they justify the decisions they have already made in the field. This is a critical and concerning misuse of the SDM tool.

The position of the FACT Board is that VDSS must ensure that local agencies use the SDM tool meaningfully to guide practice. This will better ensure more professional, objective, and validated decision-making, and will result in more uniform practice across the state. Proper training on the use of the SDM tool needs to be provided (and maintained for the new workers coming into agencies because of continuing turnover), and remedial consequences need to be provided when it is found that the SDM tool is being used improperly. We look forward to updates on the progress of the Department's work with the CRC and with local agencies, including how the Department will evaluate the effectiveness of the re-introduced SDM tool and how it will evaluate local agency compliance.

4. ***The practice of "diversion"***: For many years, CPS workers in different jurisdictions have "resolved" child protective services cases by arranging for the informal placement of children by their parent/parents in the home of relatives or

friends, so that the children are removed from an inappropriate home environment. On many occasions, investigating workers have utilized a "Safety Plan Agreement," signed by the worker and the parents, in which the parents "agree" to the child's placement with another caretaker, and even agree to limit their contact with the child, with no official monitoring or specification as to how long this arrangement would last. Upon such diversion, workers in many jurisdictions have informally ended the matter, without a finding and without a formal record on OASIS (the VDSS electronic records system for CPS) documenting the case. While this practice has prevented the removal of a number of children from the legal custody of their parents and their placement in foster care or involvement with the court, it has also sometimes left the parents and the relatives with whom the children were placed in a state of uncertainty, with no clear resolution. Case "closure" has often meant that no ongoing services were provided. The nature and extent of this "diversion" practice, including the provision of services to the families involved, has varied widely among local agencies, and the informal manner in which these cases have been handled and "closed" has resulted in there being little information in the record on the efficacy of this practice.

To its credit, VDSS took note of this practice and began a statewide study to understand its nature and extent. While interim reports have been provided to the CAN Committee, there has not been a final report, and no recommendations have been proposed for standards of practice to ensure that these informal "diversion" arrangements do not result in poor outcomes for children or their families. Because of the lack of documentation, there is too little information on such outcomes. At a minimum, statewide standards of practice for diversion are needed. We request an update from VDSS at the earliest opportunity on the status of the diversion study and recommendations.

**5. *Substance Exposed Infants (SEIs)*:** The opioid epidemic has resulted in a dramatic rise in the numbers of substance exposed infants (SEIs) being born in Virginia. In response, in part, to that epidemic, recent changes have been made to federal CAPTA regulations, prompting changes in Virginia law, regarding both the standards for reporting cases of suspected child abuse and neglect based on substance use exposure *and* the standards for making a CPS finding - most particularly in cases of newborns. The result is an increasingly complex interplay among medicine, mental health, social work and the law in shaping the response of public agencies to cases. Complex confidentiality laws and uncertainties over shared agency responsibilities regarding substance involved families along with lack of services have added to uncertainties among service providers. Mr. Spain

has shared with the CAN Committee that guidelines are being developed by VDSS to guide CPS workers in making CPS findings in these cases. He also reviewed with the Committee the “Report of Barriers to the Identification and Treatment of Substance-Exposed Infants,” which was completed at the direction of the General Assembly. It is clear from the findings and recommendations of that report, and from the complexity of developing the guidelines for CPS involvement, that effective cooperation between the medical, mental health and social work communities will require a process of mutual education and ongoing communication. Public education will be important as well. The CAN Committee has assisted in facilitating contact between VDSS and the Virginia Hospital and Healthcare Association (VHHA) to promote the shared development of standards and practices in regard to SEIs on a statewide basis. Both the Committee and the FACT Board see this process as having a high priority, and we request regular updates from VDSS on progress in this important effort.

The FACT Board welcomes the new Governor and his administration, and notes that Board members had the pleasure of meeting VDSS Commissioner Storen at the Board’s March 27, 2018 meeting. We look forward to working closely together over the next four years for the benefit of Virginia’s children and families.