



COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

October 4, 2022

Sent Electronically

Nicole Poulin

Family and Children's Trust Fund of Virginia

801 East Main Street, 15th Floor

Richmond, Virginia 23219

Dear Ms. Poulin:

The Virginia Department of Social Services (VDSS) commends the Child Abuse and Neglect Advisory Committee of the Family and Children's Trust Fund of Virginia for their continued work as a Citizen Review Panel (CRP) as part of Virginia's Child Abuse Prevention and Treatment Act (CAPTA) Plan. The feedback of our CRPs is critical to the improvement of our program for the children of the Commonwealth.

Child Protective Services (CPS) in Virginia is a continuum of specialized services designed to assist families who are unable to safely care for their children. CPS is child-centered, family-focused, and based on the belief that the primary responsibility for the care of children rests within their families. CPS encompasses the identification, assessment, investigation, and treatment of abused or neglected children. Virginia's specialized services are designed to:

- Protect children and their siblings;
- Prevent future abuse or neglect;
- Enhance parental capacity to provide adequate care; and
- Provide substitute care when the family of origin cannot remedy the safety concerns.

CPS will respond to valid child abuse or neglect reports by conducting a Family Assessment response or an Investigation response, also known as Differential response. The goals of both responses are to: assess child safety, strengthen and support families, and to prevent future child maltreatment. The track decisions are guided by state statute and local policy. In SFY 2021, there were 52,263 children reported as possible victims of child abuse or neglect in 30,223 completed reports of suspected child abuse or neglect. Of those children, 5,261 were involved in founded Investigations, 7,801 were involved in unfounded Investigations, and 38,107 in Family Assessments (differential response). In SFY 2021, Family Assessments accounted for 73% of all CPS reports accepted by local Departments of Social Services, and as of 12/15/21, 55 children died as a result of abuse or neglect. There were 23 children involved in 15 Human Trafficking Assessments, which are required when a report alleges a child is a victim of human trafficking, sex or labor, and does not meet the validity criteria for an Investigation or Family Assessment.

Over the last year, VDSS continues to prioritize working towards meeting our federal outcomes related to child protection including responding to reports of abuse with a timely consistent response, providing ongoing services to children who are at high or very high risk (In-Home Services) and ensuring timely case closure. Additionally, VDSS is prioritizing family engagement through the use of Family Partnership Meetings, and Child and Family Team Meetings.

VDSS continues to closely monitor the two key protection safety measures—timeliness of first completed face-to-face contact with the victim child and referral time open. The first safety measure, Child Family Service Review (CFSR) Item 1, outcome 1- is the federal measure for the timeliness of initial response and the completion of face-to-face contact with the alleged victim within the determined response priority. Each Regional Protection Practice Consultant has closely monitored data to identify the agencies with the lowest performance on this federal measure. They have worked diligently with their agencies by conducting individual calls, reviewing the data, and strategizing ways to improve their practice in this area. We continue to see consistent improvement in this measure, with the State meeting the PIP goal of 86%. Of particular note is the Western Region, who in July of 2022 met the measure at 90.2%.

The second safety measure, referral time open, measures the completion of Family Assessments and Investigations within the required time frames. The Regional Practice Consultants continue to identify and to work with the agencies in their respective regions with the highest number of overdue referrals. Overdue referrals means valid referrals that have been open beyond the 45 to 60 day time frame. Each Regional Practice Consultant has been working closely with the identified agencies in their respective regions to discuss the circumstances contributing to the high number of overdue referrals. They have identified both technical (ie, OASIS system issues, time management, etc.) and adaptive (ie, supervision, agency culture, etc.) challenges with their agencies. They are providing ongoing technical assistance and monitoring of this measure.

We have reviewed your recommendations and thank you for your input. VDSS offers the following responses to your recommendations:

1. Recruitment, compensation, and retention of Child Welfare professionals and the child abuse and neglect Hotline staff

The Department of Social Services (DSS) requested an appropriation of \$52,914,688 in FY 2024 to provide 609 local Child Protection staff, 122 CPS supervisors, 5 Regional Child Protective Services Practice Consultants, and 23 State Hotline specialists. This appropriation included 28 new MELs. In Virginia, Child Protective Services (CPS) is a continuum of specialized services designed to assist families in safely caring for their children. It encompasses the identification, assessment, investigation, and treatment of abused or neglected children and is designed to support and strengthen families. In SFY 21, local Department of Social Services staff received 76,632 reports of child abuse or neglect and responded to 30,223 of those reports involving 52,263 children. Assessing child safety, determining the risk of future maltreatment, and providing necessary services are the key functions of local Child Protective Services staff.

The State Hotline has received an average of 2,073 calls per week in 2022. The average call takes 35 minutes to process from start to finish. The number of worker minutes needed per week is 72,555 based on this call volume; however, we only have 44,543 worker minutes currently available. This leaves 800 calls that we cannot answer per week due to our staff shortages and additional responsibilities required by Hotline specialists, such as processing Mandated Reporter Portal (MRP) reports. In SFY 20, the State Hotline received 1,838 MRP reports. In SFY 21, 5,397 MRP reports were received - a 193.63% increase in one year. The average wait time for completed calls is 20 minutes. The average wait time prior to calls being abandoned is 8 minutes. The longest wait time in 2022 was 372 minutes or 6.2 hours.

The State Hotline understands the need to reduce the wait times for reporters. The Hotline is currently focused on improving our outcomes and increasing staffing numbers. The recent addition of a Program Manager will provide consistency and assist in meeting the overall strategic goals of the State Hotline. The Hotline recently added 3 full-time and 10 part-time contractors. There are currently vacancies for one P-14 and three full-time contractors. With the addition of these 17 new employees, the number of calls that cannot be answered will be reduced to 224. The State Hotline is in need of 5 full-time positions to increase the total number of available worker minutes to 73,392, thus reducing the estimated number of unanswered calls to 0. An additional 18 full-time positions have been requested so that the Hotline can remove contractor positions, thus freeing up CAPTA funds. The addition of full-time positions, as opposed to contractor positions, would also improve morale and increase staff retention at the State Hotline. The training curriculum is being updated by the shift supervisors to provide more support to onboarding staff. This curriculum includes online trainings through COVLC that cover VDSS policies, CPS, APS, and the MRP. The course CWSE6000 was designed for State Hotline employees and reviews the process for taking CPS and APS calls in OASIS and Peerplace. An employee handbook is being developed by the shift supervisors. During the training period, new employees will participate in group and one-on-one training with shift supervisors, complete mock calls with data entry practice, observe seasoned workers take live calls, and complete call assessments prior to being released to work independently.

The elimination of this staff shortage, increased retention and boost in morale will result in optimal responsiveness of emergent reports when children may be in danger, thus building a stronger Child Protection System and meeting the needs of at-risk children and their families. This aligns with the mission of the Virginia Department of Social Services, which is to design and deliver high-quality human services that support Virginians to achieve safety, independence, and overall well-being.

2. In-Home Services and Family First implementation

VDSS remains committed to consistent and timely data sharing with key stakeholders and the general public, as transparency in data is an important function of public government. Prevention services in Virginia are provided on a continuum that includes primary, secondary, and tertiary activities. Both LDSS, VDSS and a variety of partners provide services across the continuum in the state. In April 2021, the Prevention Services Program within Virginia Department of Social Services (VDSS) launched an aligned In-Home Services program which targets resources and services that prevent foster care placements and help children remain safely in their homes. In-Home Services guidance has been incorporated into Chapter B. Prevention Services of the VDSS Child and Family Services Guidance Manual and became effective in April 2021. The guidance presented in the Prevention chapter reflects the concept that Prevention Services are an integral part of the continuum of all Child Welfare services. VDSS will continue to enhance Prevention Services and programs to ensure that all local Departments of Social Services (LDSS) have the resources needed to provide In-Home Services for children and families, particularly those at risk of entering foster care. In-Home Services practice ensures that when children temporarily or permanently reside with relatives or fictive kin, services are provided to ensure safety and permanency of that living arrangement. Historically, the provision of services to children and youth residing temporarily or permanently with relatives has varied by locality; part of the alignment included making uniform policy and practices to support alternate living arrangements when needed. The In-Home Services framework includes three safety scenarios and the practice requirements needed to support families based on their unique needs. These scenarios are child/youth residing in their own home but are at risk of removal, child/youth temporarily residing with relative/kin caregivers with goal of return home within 6 months, or child/youth permanently residing with relative/kin caregiver(s).

Regardless of where the child may be temporarily or permanently residing, the framework ensures routine assessment, and provision and monitoring of services to ensure safety of the child. In-Home Services provide an opportunity to partner with families to assess strengths, needs, protective factors and what services may be needed to ensure the safety of the child and prevent out-of-home placement. As part of the new In-Home Services guidance, there is a “Suite of Tools” which includes Structured Decision Making (SDM) Safety and Risk assessments, the completion of the Child and Adolescent Needs and Strengths (CANS) assessment, and determination of Title IV-E Candidacy to guide service planning. Consistent contact with the family and collaterals is also required, including Child and Family Team Meetings (CFTM) to be held every 90 days and Family Partnership Meetings (FPM) to be held at all critical decision points.

VDSS remains committed to advancing how LDSS engage and support relatives and fictive kin caregivers across the entire Child Welfare continuum, to include children and families being served in Child Protective Services (CPS) and In-Home Services cases. The VDSS Protection and Prevention Teams have established a workgroup of LDSS representatives to discuss the need to formulate clear and consistent guidance for LDSS regarding the practice of serving children and families in alternate living arrangements and to establish tools and practice resources for Family Services Specialists.

VDSS will continue to prioritize the use of data to drive decisions, support recommendations, and conduct thorough practice-informed analyses in this area of focus. In January 2022, VDSS launched a monthly Continuous Quality Improvement (CQI) Review process with the “Core Team” from every LDSS. VDSS has also launched monthly Communities of Practice on specific topics and overall progress towards goals that promote in-depth discussion among LDSS about the strengths and areas for improvement of Child Welfare practice. The recent alignment of the In-Home Services model has been a focus of the CQI meetings and Communities of Practice in 2022. Quarterly CQI rounds have had an emphasis on the following: case opening behaviors of Very High / High risk referrals to In-Home Services, entries to Foster Care from In-Home Services; utilization of the Suite of Tools to improve the consistency and validity of decision-making; impact of family engagement and teaming to influence practice and outcomes; quality and meaningful visits to promote family participation in case planning; and reducing subsequent harm or repeat maltreatment through the provision of In-Home Services. Altogether, solidifying and enhancing this tertiary prevention practice will allow VDSS to continue to partner and focus on earlier (primary and secondary) prevention activities to ensure a well-resourced Prevention continuum.

Additionally, VDSS is working closely with the Center for Evidence-based Partnerships in Virginia (CEPVa) around the utilization of evidence-based services in In-Home Services cases. VDSS has contracts with CEPVa for capacity building and fidelity monitoring. A key aspect of the capacity building contract is that CEPVa engage in ongoing needs assessment and gaps analysis (NAGA). CEPVa submitted its first NAGA report to VDSS in October 2021. This report is publically available on Virginia's Family First website. CEPVa will submit a second NAGA report in Fall of 2022. These reports merge quantitative and qualitative data regarding evidence-based services to report needs and gaps across the state to VDSS, as well as make recommendations for improvement. As fidelity to the evidence-based service model is a requirement of the Children's Bureau for utilization of title IV-E Prevention funds, CEPVa is monitoring fidelity of service providers for all services within Virginia's Family First Prevention Plan. While this monitoring is specific to fidelity, it also provides some information about outcomes of these services. VDSS is working to add additional evidence-based services to the Prevention plan including additional "well supported" services and at least one "promising" service. As is required by the Children's Bureau, Virginia will evaluate any promising services for effectiveness. VDSS and CEPVa are developing an evaluation plan and contract that will meet

the Children's Bureau's requirements for evaluation. This evaluation will encompass outcomes of In-Home Services cases that use the promising services. These outcomes will include safety (new Child Welfare involvement during and after an In-Home Services case) and permanency (Foster Care entry at 12 and 24 months after an In-Home Services case).

3. Regional Child Death Review teams

The Virginia Department of Social Services (VDSS) engages in a plethora of ongoing activities aimed to prevent child maltreatment deaths, as the prevention of child maltreatment deaths is essential to ensuring the well-being, safety, and permanency of Virginia's children. The prevention of child maltreatment deaths remains a top priority for VDSS. Regional Child Fatality review was created in the spirit of public health to identify injury and violence patterns, to direct prevention and intervention efforts and to make recommendations to improve child death investigations. Regional Child Fatality Review Teams (CFRT) convene to examine deaths that local departments of social services (LDSS) investigated. CFRT focus on identifying risk factors, trends and patterns, developing recommendations and creating action plans. The Code of Virginia, specifically §32.1-283.2 provides the authority for the work of CFRT. There is a CFRT, which is multidisciplinary in structure, in each of the five VDSS regions. Virginia is one of 45 states that utilize the National Center for Fatality Reviews and Prevention of Child Death Case Reporting Tool to document child fatalities. Review teams are required to enter results of the review process into the National Center for Fatality Review and Prevention's database. The regional teams review all cases investigated by CPS within each respective region. The interdisciplinary nature of fatality review also helps to foster the belief that child fatality prevention is a community's responsibility as a whole, and the prevention strategies need to be created in a multi-agency, multi-pronged approach. These recommendations help inform our policy, training and practice. Each region may not always have the same needs or resources, some recommendations will be more effective utilizing the community partnerships that localities have developed.

VDSS has recently joined the National Partnership for Child Safety. NPCS is a quality improvement collaborative to improve child safety and reduce child maltreatment fatalities through the application of safety science and shared data. Members of the collaborative have a shared goal of strengthening families, promoting innovations and a public health response to reducing and preventing child maltreatment and fatalities. VDSS is excited to be part of this innovative partnership and will collaborate with other states in the effort of creating a culture of safety to promote our workforce, develop our own process for the review of child fatalities/near fatalities and improve our child fatality prevention work. Virginia has seen an increase in the number of child deaths reported to VDSS in the past few years, excluding 2020 during the Pandemic. This increase may be due to a change in Child Protective Services (CPS) practice that resulted from improved monitoring and oversight by VDSS.

VDSS annually reports on child deaths that were reported to local Departments of Social Services (LDSS) and investigated during the State Fiscal. The Preliminary Report on Child Death Investigations in Virginia is published by the Protection team and can be accessed at https://www.dss.virginia.gov/geninfo/reports/children/cps/all_other.cgi. This report includes a synopsis of data for all child abuse or neglect fatalities, including demographic information pertaining to the victims, alleged abuser/neglector (s) and households impacted by those fatalities. It also highlights changes or trends from previous years. The information is used to evaluate and modify Virginia Department of Social Services (VDSS) policies, Guidance, procedures and best practices where warranted. VDSS will also plan to annually present updated information to the FACT Citizen Review Panel team.

Child Fatalities- SFY 2018 to SFY 2021^[1]

Fiscal Year	Founded Fatalities	Unfounded Fatalities	Other (pending or appealed)	Total
2021	55	93	22	170
2020	42	93	4	139
2019	51*	89*	4*	144*
2018	43	74	1	118

[1] Data collected from Local Departments of Social Services as of 12-14-2020; *previous year updated.

The Division of Family Services is currently collaborating with Local Engagement Support on the creation of an internal child fatality staffing process. This will help us identify themes, improve practice and monitor the work being completed across the state. We are collaborating with the Training Department to develop upcoming classroom and virtual training specific to the investigation of child fatalities. We have been working with Public Affairs to develop campaigns centered on safe sleep, gun safety, and water safety. DFS will be adding more staff to assist in Child Fatality Case Reviews and coordinating prevention activities for the state.

4. Problematic sexual behavior between children

VDSS recognizes that child-on-child Sexual Abuse is a priority for this Citizen Review Panel committee. We also recognize the complexity of these cases and the lack of information available to understand the full scope of the issue in the Commonwealth. At this time, VDSS does not gather any data related to child-on-child sexual abuse cases due to the limited role of CPS. However, the Protection team is currently working with our Data Program to ensure the need for data collection is understood. We have added this as a need for our new CCWIS system to ensure we have proper data collection around this issue. The Protection Program Manager is currently participating in the Problematic Sexual Behavior workgroup. This group was formed by FACT in partnership with VDH. All members have the necessary expertise and/or experience working on this topic. The group will be working on the development of a comprehensive system response guidance document for cases of Problematic Sexual Behavior/child-on-child sexual abuse. VDSS will continue to support and participate in efforts to explore this issue.

5. Human trafficking cases involving children

VDSS was required to address sex trafficking for youth through amendments to Child Abuse and Prevention Treatment Act (CAPTA) beginning in 2015. In December 2015, VDSS developed and published an online training course for all child welfare staff, community partners and the public on sex trafficking and child welfare. VDSS also updated OASIS to capture data on sex trafficked victims in December 2015. In January 2016, VDSS implemented new CPS guidance statewide that addressed sex trafficking as it pertained to universal screening of all children and services for victims of sex trafficking. Numerous webinar sessions were conducted to brief CPS staff on the needs of sex trafficked victims. On July 1, 2016, the Code of Virginia, § 63.2-100 added a new section to the definition of “child abuse and neglect” to include an identified victim of sex trafficking or of severe forms of trafficking as defined in P.L. 114-22. In April 2017, sex trafficking was added as a specific type of sexual abuse in OASIS. Effective July 1, 2017, Virginia’s regulations included sex trafficking as a type of sexual abuse. Virginia provides sample trafficking screening tools and resources on working with victims of sex trafficking in CPS and Foster Care guidance.

In 2019, Virginia worked with the Virginia State Crime Commission on a statewide study on sex trafficking that was introduced and approved by the General Assembly. The Code of Virginia was updated in July of 2019 and LDSS are now required to respond to all complaints or reports of child sex trafficking. The Code of Virginia now establishes that the alleged victim's parent, caretaker, or any other person suspected of trafficking a child may meet the caretaker criteria needed to determine the validity of a complaint or report of sex abuse involving sex trafficking. It also allows LDSS assume emergency custody of child victims of sex trafficking for up to 72 hours until the parents can be located and their ability to protect the child from the trafficker can be assessed.

As a result of this legislation, VDSS developed program guidance on the Child Welfare system's new response to all complaints involving the human trafficking of a child. VDSS provided five virtual training sessions on the new legislation and program guidance in June of 2019 to approximately 500 participants. Training was provided to ensure LDSS were prepared for implementation on July 1, 2019. Additionally, VDSS made regulatory changes to 22VAC40-705 Child Protective Services to comply with the new legislation passed regarding the child welfare system's response to the trafficking of children in the Commonwealth. VDSS also made a number of system enhancements to the Child Welfare information system, OASIS, in order to improve the system's ability to capture data on the prevalence of child trafficking.

In June of 2019, VDSS convened a child trafficking workgroup comprised of stakeholders from the public and private sectors to improve Virginia's response to the human trafficking of children and to expand the availability of services. The workgroup is now a subcommittee of the Anti-Human Trafficking Coordinating Committee and is co-facilitated by the Virginia Department of Juvenile Justice. The workgroup was meeting bi-monthly prior to the COVID-19 pandemic. The workgroup has not met since the start of the pandemic.

In 2020, § 63.2-1506.1 of the Code of Virginia was updated to change the name of the sex trafficking assessment to the human trafficking assessment and allowed LDSS conducting human trafficking assessments to interview the alleged child victim or their siblings without the consent of and outside the presence of the child's or sibling's parent, guardian, legal custodian, or other person standing in loco parentis, or school personnel. Additionally, labor trafficking was added as a subcategory of physical neglect in CPS Guidance and the OASIS.

In 2021, § 16.1-228 of the Code of Virginia was updated to align the definition of "abused or neglected child" in Title 16.1 with the definition of the same term in Title 63.2. The definition of an "abused or neglected child" was expanded in Title 16.1 to include a child whose parents or other persons responsible for the care of the child commit or allow to be committed any act of sexual exploitation. Additionally, in 2021, VDSS participated in the Identifying and Addressing Human Trafficking in Child Welfare Agencies Project conducted by RTI International on behalf of the Administration for Children and Families within the Children's Bureau. Furthermore, VDSS was invited to collaborate with the Department of Criminal Justice Services (DCJS) and Virginia State Police (VSP) on the development and presentation of the Interdiction for the Protection of Children (IPC) training statewide.

In 2022, VDSS continues their ongoing collaboration with the State Trafficking Response Coordinator at DCJS. VDSS remains in partnership with DCJS and VSP to deliver the IPC training across the Commonwealth. VDSS has begun a new collaboration with the Child Trafficking Recovery Services Unit at the National Center for Missing and Exploited Children to help enhance the Commonwealth's response to children in the Child Welfare system who are trafficked.

Trafficking Data:

VDSS continues to identify, track, and serve victims of child trafficking as a population at greatest risk of maltreatment. Since 2011, 210 victims of sex trafficking have been identified in Virginia's automated data system. In SFY22, 34 children and youth involved with the Child Welfare system were identified as victims of sex trafficking. The victims identified in SFY22 were predominantly female (94%), White (39%), and in their adolescence (77%). In regards to race, the victims identified as 39% White, 23% Hispanic or Latino, 23% Black or African American, 10% multiracial, and 6% did not have race identified. With respect to age, 77% were between the ages of 12 and 17, 13% were over the age of 18, and 10% were under the age of 12. Based on the most recent recorded case type, 13% were involved in foster care, 19% were involved with a human trafficking assessment, 3% were involved with In-Home Services, 0% were involved with adoption, dual In-Home Services and Foster Care and family support, and 65% did not have a case type reported, which may indicate these youth were still involved in a CPS Investigation or Family Assessment.

In SFY22, LDSS completed 28 human trafficking assessments involving 31 children and youth. The children and youth involved in the human trafficking assessments were predominately female (84%), Hispanic (39%), and between 12-17 years of age (77%). Additionally in SFY22, LDSS conducted 8 CPS Investigations on allegations involving the trafficking of a child. The outcomes of those investigations were three founded, two unfounded, and three dispositions still pending.

6. Virginia's Safe Haven Laws

As a result of the 2022 General Assembly session, there were a number of changes to the Code of Virginia that impacted Virginia's Safe Haven laws.

The first change was as a result of House Bills 16 and 50 and Senate Bill 63 which increased the amount of time after a child's birth that a child may be safely surrendered by a parent under a Safe Haven defense and updated §§ 16.1-228, 18.2-371, 18.2-371.1, 40.1-103, and 63.2-100 of the Code of Virginia. House Bills 16 and 50 and Senate Bill 63 increased the safe surrender timeframe from 14 to 30 days after the time of the child's birth.

The second change, also as a result of House Bill 50, was to § 8.01-226.5:2 of the Code of Virginia, which requires hospitals or emergency medical services agencies that voluntarily install newborn safety device for the reception of children to ensure that: (i) the device is located inside the hospital or emergency medical services agency in an area that is conspicuous and visible to employees or personnel, (ii) the device is staffed 24 hours a day by a health care provider or emergency medical services personnel, (iii) the device is climate controlled and serves as a safe sleep environment for an infant, (iv) the device is equipped with a dual alarm system that sounds 60 seconds after a child is placed in the device and automatically places a call to 911 if the alarm is not deactivated within 60 seconds from within the hospital or emergency medical services agency, (v) the dual alarm system is visually checked at least two times per day and tested at least one time per week to ensure the alarm system is in working order, (vi) the device automatically locks when a child is placed in the device, and (vii) the device is identifiable by appropriate signage that shall include written and pictorial operational instructions.

The last change, also as a result of House Bill 50, requires the Virginia Department of Social Services (VDSS) to establish a toll-free, 24-hour hotline to make information available to the public about the Commonwealth's Safe Haven laws, infant relinquishment locations, and support and resources available for parents. VDSS shall also undertake a campaign to increase public

awareness of the Commonwealth's laws providing for relinquishment of an infant and the hotline established pursuant to this act.

To this end, VDSS intends to contract with the National Safe Haven Alliance to provide toll-free, 24-hour safe haven hotline services to the residents of the Commonwealth. The Division of Family Services will also be collaborating with the Division of Public Affairs at VDSS on the development of a statewide safe haven public awareness campaign.

Safe Haven Data

Since 2018, 19 infants have been surrendered under Virginia's safe haven law. Of these infants, 53% were African-American, 42% Caucasian, and 16% Hispanic. Further analysis of how, where, and why these infants are being surrendered is needed to better understand what paradoxes or contradictions in Child Welfare lead to these decisions and what changes may be needed to policies, Guidance and law to support the complex reality of these cases.

We look forward to continuing to work together. We are available to answer any additional questions. Again, we thank you for serving as one of our Citizen Review Panels.

Sincerely,



Shannon Hartung
Protection Program Manager

Cc: Kimberly Huhn Murphy, Children's Bureau