



**Child Abuse Prevention and Treatment Act
Report of the Child Abuse and Neglect Advisory Committee
Citizen Review Panel
May 2023**

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 Child Protective Services (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 for family-serving programs, the FACT Board has the stated mission to amplify community programs and initiatives focused on the prevention and treatment of family violence and the protection of children through funding and awareness. The vision of the Board is a world in which no one in Virginia experiences family violence and all children are safe. 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 moved under the purview of 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.

The CAN Committee appreciates the response sent by Shannon Hartung, VDSS, Family Services Protective Services Program Manager, on October 4, 2022. VDSS addressed each of the six areas of concern the CAN Committee submitted and the FACT Board adopted in March of 2022. These issues are complex and dynamic, and warrant comprehensive and ongoing efforts over several years. As you will see here, the CAN Committee will continue to monitor all these concerns in 2023 and 2024. Additional context for each area is provided below.

Introduction

CAN Committee members appreciate this opportunity to engage once again with VDSS on a broad range of issues impacting children and their families. We appreciate and honor the challenges of this work. Going forward, the Committee wants to work with VDSS in three ways, all ultimately for the purpose of improving child welfare policies and practices in Virginia. These requests cross-cut and influence the concerns outlined in this report.

First, VDSS is asked to continue providing the Committee with data previously requested and collected, such as in the area of staffing, hotline response, and trafficking cases.

Second, the agency is asked to provide more data that looks at outcomes, impacts, and implications of policy and practice for child safety and well-being. The committee is particularly interested in longitudinal outcome data relating to Family First implementation and helping to identify what those measures should be.

And third, DSS is asked to assist CAN in finding ways to learn about what's happening in local communities and departments in each of these areas. What can we learn from those who work directly with children and families?

The Office of the Children's Ombudsman (OCO) was established in 2020 and is fully operative. A significant part of the work of that office is receiving and investigating complaints about Virginia's child welfare system. Eric Reynolds, the Director of the OCO, is a member of the CAN Committee and now provides regular updates to its members at their quarterly meetings. In this report, in addition to using the October 4, 2022 response letter from Shannon Hartung and the information provided by VDSS staff on a variety of child welfare related topics at CAN meetings, we will use data and information from the [OCO's Annual Report](#) as relevant to the discussion and recommendations.

1. In-Home Services and Family First implementation.

Family First is a relatively new federal law that prioritizes keeping children who are adjudicated as at risk for abuse and/or neglect with family, kin, and community, with foster care as a placement of last resort. Federal funding is available to support these in-home services. Over the past few years, VDSS has continued to implement the federally mandated Family First legislation through the development of policy, guidance, and training, as well as in discussions with local departments. Members of the CAN committee have learned about and discussed this implementation with members of the Department

a great deal over the past few years. The momentum in moving this forward in Virginia is both substantive and appreciated.

Family First is a paradigm-shifting change in child welfare policy and practice, offering the hope that abused and neglected children can remain safely with family and/or kin with support from local social service systems. Of importance is the continuing development of an In-Home Services Program and Framework, which includes what is described as a “suite of tools” to assist CPS workers and the families they work with; the reliance on evidence-based practices in framing the agency’s approach to services; and the strong commitment to data collection and using that data to inform decisions, policy and guidance.

The committee recognizes the importance of keeping children with their families and in their communities. However, there are continued concerns about children’s safety and well-being and the possible unanticipated and long-term consequences of this relatively new policy and practice. The first annual report from the OCO provides descriptive data and insight into problematic practices related to foster care diversion and alternative living arrangements such as: lack of consistency (both within communities and from community to community) in implementing VDSS In-home Services Policies; concerns that parent’s constitutional rights are not respected in the cases that are not before the courts; visitation problems when children are placed far from their parents; and clear communications with both children and their families about the service plan and timeline for reuniting the child with their parents. The OCO report provides case study examples that reveal some of the dynamics and challenges of Family First implementation at the local level.

We recommend that VDSS continue to review and revise Family First policy and practice as implementation continues, and that VDSS continue to assist local departments through their policy and guidance training efforts. We continue to seek outcome data about how this shift impacts child safety and well-being, as well as information on how this policy and law is operationalized in local departments. We welcome presentations from local departments who have established strong practices around Family First policy, so that we

can learn how this policy should be implemented. How can CAN Committee members assist VDSS so that we can offer useful and substantive guidance on child welfare policy and practice in Virginia?

We recommend that VDSS work with the Office of the Children’s Ombudsman and the Court Improvement Program in the Office of the Executive Secretary at the Virginia Supreme Court to discuss potential statutory changes needed to get these in-home services cases before the Courts. Many of the legal issues are addressed in the OCO’s annual report.

2. Recruitment, compensation, and retention of child welfare professionals throughout the system, and in particular, the child abuse and neglect hotline staff.

CAN Committee members support VDSS’ efforts to re-build the child protection labor force in a post-COVID Virginia. We agree that a fully responsive child protection system needs case workers who are trained for the work, receive salary and benefits appropriate to the education and skills required to undertake this difficult and stressful work, and a strong sense that their efforts on behalf of the children and families they work with is understood and valued by their community.¹

While a final state budget has not yet been put in place by the Virginia General Assembly, there is money in the proposed budget to begin that work. This includes funds for more child protection staff at the state, regional, and local levels and additional positions for the state hotline. Data provided to Committee members this past year shows that progress is being made in reducing wait times and dropped calls on the hotline.

There is still much work to be done to rebuild the capacity and labor force in Virginia. As DSS staff have reported to the Committee, many local departments of social services in Virginia continue to be short staffed, even when there are open positions and funding

¹ See [this report](#) from the Casey Family Programs for additional information.

available for the positions. There are problems with high turnover, burnout, low pay, and low morale among child protection employees and, as a result, communities cannot fully respond to child safety needs in their localities. In addition, continued support is needed to make the state hotline for reporting suspicion of child abuse and neglect a fully responsive tool for children who may be in danger.

We recommend again that the VDSS work with the Virginia General Assembly, Secretary Littel, and Governor Youngkin, and local communities to invest in recruitment, compensation, and retention of child protection workers in Virginia communities and in the state hotline office.

We recommend that VDSS consider using exit interviews or focus groups to explore why people are leaving this work; what is/has happened to the nature of the work? how does the work impact the workers, the work, and the atmosphere in local agencies? Would conversations within local communities, with allied professionals, shed light on these questions? This information could be used to support new ways to recruit, compensate, and retain protection workers at local and state levels.

We recommend that VDSS explore with local and regional staff, and with social work programs in our colleges and universities, how to create a pipeline for training, hiring and retaining front line child protection workers. Is the Department exploring how it's new Office on Trauma and Resilience could assist with this process?

We recommend that VDSS continue to provide the CAN Committee members with additional data and information on the staffing concerns in the coming year such as: How are staff shortages being addressed at the state and local levels? How do these shortages affect the workers and the families they serve? How are communities meeting the needs of at-risk children and their families given these shortages?

3. Regional child death review teams.

There are five regional child fatality review teams in Virginia which are organized by VDSS Program Specialists. The teams review cases when the death was investigated by DSS because of suspicion of abuse and neglect. The regional teams collect case level data and generate recommendations based on trends that they see in these cases; this information is collated in an annual statewide report and released to the public by the Department.

CAN Committee members recognize the significance of these teams in providing data and insight into suspected child abuse and neglect in Virginia communities and appreciate presentations from VDSS staff on these data. We understand that a large percentage of child deaths reviewed are of infants who were likely suffocated in unsafe sleep-related settings and that these cases are very often related to substance misuse among caregivers. The agency's efforts to further train local staff on death investigations, and its prevention educational campaigns on safe sleep, gun safety, and water safety are excellent and should be repeated on an ongoing basis.

We recommend that VDSS continue to make presentations annually to the CAN Committee , once its annual report of findings and recommendations from Virginia's regional fatality review teams is completed. The presentation would provide key data findings and recommendations, feature a group discussion of policy and practice implications of this information, and provide routine updates on which recommendations have been implemented. CAN committee members have a good understanding of infant sleep related death and your work in this area, and request that the next presentation focus on child death cases reviewed where physical abuse was a primary suspicion or contributor to the death. Here we are looking for a portrait of the who, what, where, how, and why of child abuse deaths in Virginia.

4. Problematic sexual behavior between children.

Local departments of social services are involved in some of these cases, particularly when the child who is alleged to have displayed the offending behavior is in a caretaking role

with the victim. Given the CAN Committee's larger interest on this topic, we want to continue to get updates on those cases that are reported to and/or investigated by child protection in localities.

Through a partnership between FACT and the Virginia Department of Health, a consultant completed a [guidance document](#) which outlines how localities can better respond in these cases. There are preliminary plans to move forward with supporting the development of a formal training on the recommendations within local communities.

We recommend that the VDSS continue to educate CAN Committee members on the cases coming under the jurisdiction of a local agency and on the evolving role of Virginia's child protection system in these cases.

We recommend that VDSS continue to advise CAN Committee members as the above-described guidance document is shared with communities, and to assist in understanding how any proposed changes to legislation or practice involving state or local departments of social services could be implemented to improve practice and outcomes in these cases.

5. Human trafficking cases involving children.

A 2017 report from the Children's Bureau asserts the significance of the child welfare system in addressing the human trafficking of children:

*"The growing awareness of human trafficking in the United States and abroad requires government and human services agencies to reevaluate old policies and develop new ones for identifying and serving victims. Due to their potentially unstable living situations, physical distance from friends and family, traumatic experiences, and emotional vulnerability, children involved with child welfare are at risk for being targeted by traffickers who are actively seeking children to exploit. Therefore, it is imperative that child welfare agencies be at the forefront of the response to and prevention of human trafficking."*²

² <https://www.childwelfare.gov/pubs/trafficking-agencies/>

The VDSS has been developing policy, guidance, data collection tools, and legislation on these cases since 2015, when changes to the Child Abuse Prevention and Treatment ACT (CAPTA) required states to address child trafficking cases. A number of tools have been offered to the field to assist with investigations.

At the same time, we understand that Virginia's social services agencies have had few reported cases of child trafficking – 28 assessments involving 31 children in fiscal year 2022. We suspect that there is a much larger problem in Virginia, as do staff from the Virginia Department of Criminal Justice Services who indicate that the number of reported trafficking cases are down since COVID.

We recommend that VDSS continue to provide the CAN Committee with updates and data on this issue in Virginia. What are the challenges and barriers to finding these children and using resources of the child welfare system to protect them? How can we elevate and move Virginia's response forward? What changes in guidance and practice will assist local agencies in this important area of child protection? How are state and local departments collaborating with child advocates on these cases?

6. Virginia's Safe Haven Laws

Virginia's safe haven law allows a parent or parents to relinquish their infant up to 30 days old with an employee at a properly equipped hospital or emergency medical rescue squad in Virginia. The General Assembly also created language requiring and describing how these agencies could voluntarily install a newborn receptive device to secure and protect the infant once relinquished and establishing a toll-free 24-hour hotline to provide information on these laws. The general intent of the law is to allow the parent to remain anonymous and be shielded from criminal liability and prosecution for child endangerment, abandonment, or neglect in exchange for surrendering the baby to a safe haven. While the law is relatively clear, we understand that it runs contrary to other laws and policies related to the issue. It is unclear how localities are expected to uniformly handle these cases and what the actual outcome for infants and their parents will be.

We recommend that VDSS provide CAN Committee members with data and information about how these cases are being handled in Virginia communities. How, where and why are some infant cases of relinquishment being reported for child neglect or abuse? What paradoxes or contradictions in child protection lead to these decisions? How can guidance and policy support compliance with Virginia law? Does the law need to be changed to accommodate a more complex reality in these cases?

Conclusion

Thank you for engaging with CAN Committee members on these efforts. We look forward to working with you on these issues and concerns in the coming year.

CASA/CJA Advisory Committee Citizen Review Panel 2023 Recommendations***Approved April 28, 2023*****Prevention/FFPSA**

The Virginia Department of Social Services (VDSS) should continue to focus prevention efforts that ensure safety and well-being of the child and support families in ways that provide support and enhance permanency. This includes providing services to prevent removal, and services to support adoptive and kinship families. VDSS should continue to build capacity for evidence-based practices and services and then work toward enhancing a robust and qualified workforce. Services should include respite for all members of the family including siblings in the home. Primary and secondary prevention efforts should focus on avoiding penetration into and continued need for tertiary services.

The Virginia Department of Social Services should develop mechanisms for reporting on its prevention services model. This would include establishing criteria and definitions of the various levels of prevention interventions. Consideration should include reports on the number of prevention (pre-court intervention) cases served, length of time cases are served in prevention, outcomes of prevention efforts, interventions and services provided, how many prevention cases were non-compliant, and what steps the Department took when cases were non-compliant.

System Improvement

The Virginia Department of Social Services (VDSS) continues to focus on family engagement practices as a cornerstone of the child welfare system. To implement family engagement practices effectively, more trained workers are needed. VDSS has experienced the impacts of a reduced workforce due to the pandemic, fiscal constraints, and vicarious trauma.

VDSS should encourage local Departments of Social Services (LDSS) to improve communication and collaboration across jurisdictions when investigating child abuse and neglect and participate in a local multidisciplinary team (MDT), if available.

VDSS should encourage LDSS to improve cross systems collaboration to support thorough investigations of child abuse and neglect. This should include cross systems joint training opportunities. Upon commencement of dependency proceedings, VDSS should encourage inclusion of attorneys, relatives and other actors in service planning (i.e., family partnership meetings and team meetings).

The pandemic presented numerous challenges, especially for frontline workers. The VDSS should continue to examine the preparedness for the COVID19 pandemic and

begin planning for the next pandemic that will inevitably strike. Included in this planning should be helping teachers and other mandated reporters to identify child abuse and neglect in a virtual environment. VDSS should continue to study trends in the reductions of the number of child abuse and neglect complaints and determine if the reduction in complaints trends actually equates to a reduction in harm to children.

VDSS in-home services practices align CPS ongoing practice, prevention services, and the implementation of the Family First Prevention Services Act. The Advisory Committee requests continued collection of data and information on the path to permanency for children and families involved in Alternate Living Arrangements.

As the Virginia Department of Social Services builds the new Child Welfare Information System (CWIS), the Committee requests updates and asks the Department to seek stakeholder input into the development of data points for the system.

The Virginia Department of Social Services will provide the Committee with a report on the impact and utilization of the Virginia Heals project.

Diversity, Equity and Inclusion in Child Welfare

The Virginia Department of Social Services (VDSS) should ensure equity in its response to child welfare including examination of data through an equity lens. The examination of child welfare practice should include practice implications for children and caregivers of color, children and caregivers that identify as LGBTQ, and children and caregivers with disabilities.

VDSS should ensure voices with lived experience are included in decision-making and policy considerations, with special consideration given to parents and caregivers.

The Committee would like an update on the impact of halting the Qualified Residential Treatment Placement (QRTP) designation for residential setting.

Citizens Review Panel Recommendations

May 2023, FY2024

1. As the VDSS improves the training requirements for Child Protective Service Family Service Specialists, the following trainings should be included as mandated training modules:
 - Data Quality – this module should highlight strategies to improve data completeness, consistency, and overall quality.
 - Resource Availability – this module should identify the resources available at the state, regional, and local level, as well as subject matter experts available for workers to utilize, especially in complex cases.
 - Family Engagement – this module should address ways to manage difficult conversations with child caregivers (e.g., parents, relatives, foster) particularly during service referral. The training should provide tips for effective ways to encourage caregivers to seek and utilize services and ways for workers to follow up after making referrals for services.
 - Agency Collaboration – this module should offer strategies to collaborate with local law enforcement agencies and multidisciplinary teams convened by the Commonwealth Attorney, and to build professional relationships with other investigative agencies to enhance multiagency investigations.
 - The VDSS should create a policy to address the necessity and importance of collecting the correct names of all children, caregivers, and other involved with the case, as well as correctly identify the familial or friendly relationship of all parties. This policy should address this as an essential need to ensure that cases are accurate, that families have appropriate follow through and to prevent duplication of efforts.
2. The Virginia Department of Social Services (VDSS) should leverage funding to develop robust, uniform guidance for statewide prevention services that focus on intervening early. The State Child Fatality Review Team encourages VDSS to promote prevention services that focus on increasing statewide access to home visiting programs; improving Virginia's resources and capacity to serve families with domestic violence, substance misuse, and mental health issues; and remaining an active partner in Plans of Safe Care at both the state and local level.
3. The VDSS should monitor and evaluate the Family First initiative as it is being implemented. This initiative should be evaluated in terms of effectiveness and safety of children served. Specifically, this should apply to all children served by the program, whether they are placed in foster care, kinship care, or remain at home. The evaluation should follow the families served for at least one year after services are completed. The plan for implementation and evaluation of the Family First initiative should also be made available to the public as soon as possible.
4. The VDSS should create a state resource guide of subject matter experts, including medical professionals, by topic and geography (state, regional, and local level). This guide should be available for employees, both office and field-based, to access online,

Citizens Review Panel Recommendations

May 2023, FY2024

which will allow for easy employee utilization and consistent adaptation as resources and contacts change.

5. The VDSS should create a state resource guide for all caregivers of a child under the age of one years old that addresses safe sleep. This safe sleep education should be handed out to all known parties involved in caring for a child under the age of years old including fathers, grandparents, non-licensed day care workers, etc....
6. It is recommended that children and families with CPS involvement be required to undergo psychological evaluation as a component of the assessment process, paid for through State funds.
7. It is recommended that VDSS maintain files longer, particularly on Founded¹ cases. This can provide insight to dynamics that may have been in the home prior to the suicide that negatively impact mental health and identify risk factors.

¹ Founded means that a preponderance of the evidence supports that abuse or neglect has occurred. Unfounded case files are maintained for 1 year; Founded case files are maintained 3-18 years, depending on the severity of the abuse or neglect.