

**Joint Legislative Audit and Review Commission
of the Virginia General Assembly**



Review of Child Protective Services in Virginia

**Staff Briefing
Hal Greer
December 13, 2004**

Staff for this Study

2

Hal Greer, Division Chief

Wendy Brown

Eileen Fleck

Michelle Hebert-Giffen

Presentation Outline

3

- Introduction
- Background
- Effectiveness of Child Protective Services in Virginia and Adequacy of State Operational Support
- CPS Caseloads, Recommended Policy Changes, and Innovative Practices

Study Mandates

- **On December 8, 2003, the Joint Legislative Audit and Review Commission directed staff to conduct a study of child protective services in Virginia.**
- **The General Assembly subsequently enacted HJR 193 during the 2004 Session which directed JLARC to study the operation and performance of the Commonwealth's social services system, including the delivery of prevention and early intervention services.**

Study Issues

- **Are reasonable decisions being made in alleged abuse and neglect cases that are consistent with State law and the State's policy of protecting children, while preserving family life where possible?**
- **Are local child protective services units providing or arranging for the provision of needed services for children and families?**
- **Do local child protective services units have staff resources necessary to fulfill their mission and statutory responsibilities?**

Research Activities

6

- **Review of CPS programs in 19 localities**
 - **Review of 1,700 CPS cases**
 - **Interviews with CPS staff, CSB staff, and Juvenile and Domestic Relations judges in each locality**
 - **Survey of caseworkers**

- **Review of 150 CPS cases statewide that involved serious harm to a child**

- **Analysis of statewide CPS data**

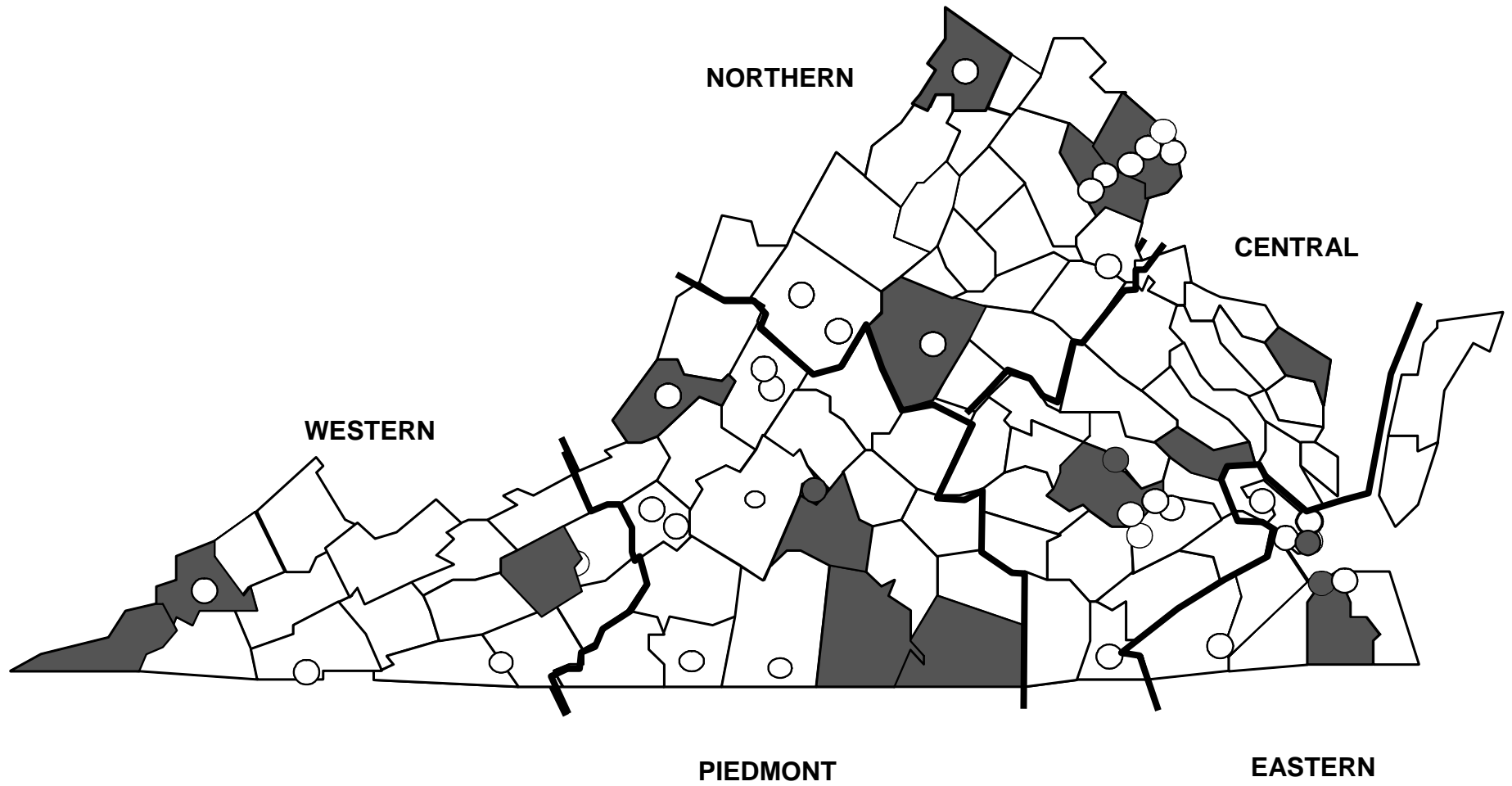
Research Activities

(continued)

7

- **Structured interviews with the Commissioner of the Department of Social Services and CPS program staff**
- **Survey of State's 120 CPS units**
- **Attendance of CPS training, meetings, and court hearings**
- **Literature and other document reviews**
- **Observation of caseworkers conducting fieldwork**

Localities Visited for JLARC Study



Presentation Outline

9

- Introduction
- Background
- Effectiveness of Child Protective Services in Virginia and Adequacy of State Operational Support
- CPS Caseloads, Recommended Policy Changes, and Innovative Practices

History of CPS

10

- **The publication of a medical journal article in 1961 documenting child abuse as a widespread issue raised public awareness**
- **A lack of uniformity in state child abuse laws led to Congressional passage of the Child Abuse Prevention and Treatment Act in 1974**
- **In 1975, Virginia passed its own law establishing a State Child Protective Services office**

Federal Requirements

11

- **Child Abuse Prevention and Treatment Act (CAPTA)**
 - **Created the National Center for Child Abuse and Neglect**
 - **Established a minimum definition of child abuse and neglect**
 - **Prescribed broad policies for states and only a few specific requirements**
 - **Required extensive reporting by states when they receive funds authorized by CAPTA**

State Policy Goals and Statutory Requirements

12

- ***Virginia Administrative Code* sets forth four policy goals:**
 - Identify abused and neglected children
 - Assure protective services to identified children
 - Prevent further abuse and neglect
 - Preserve the family life of parents and children, whenever possible, by enhancing parental capacity to provide adequate care

State Policy Goals and Statutory Requirements (continued)

13

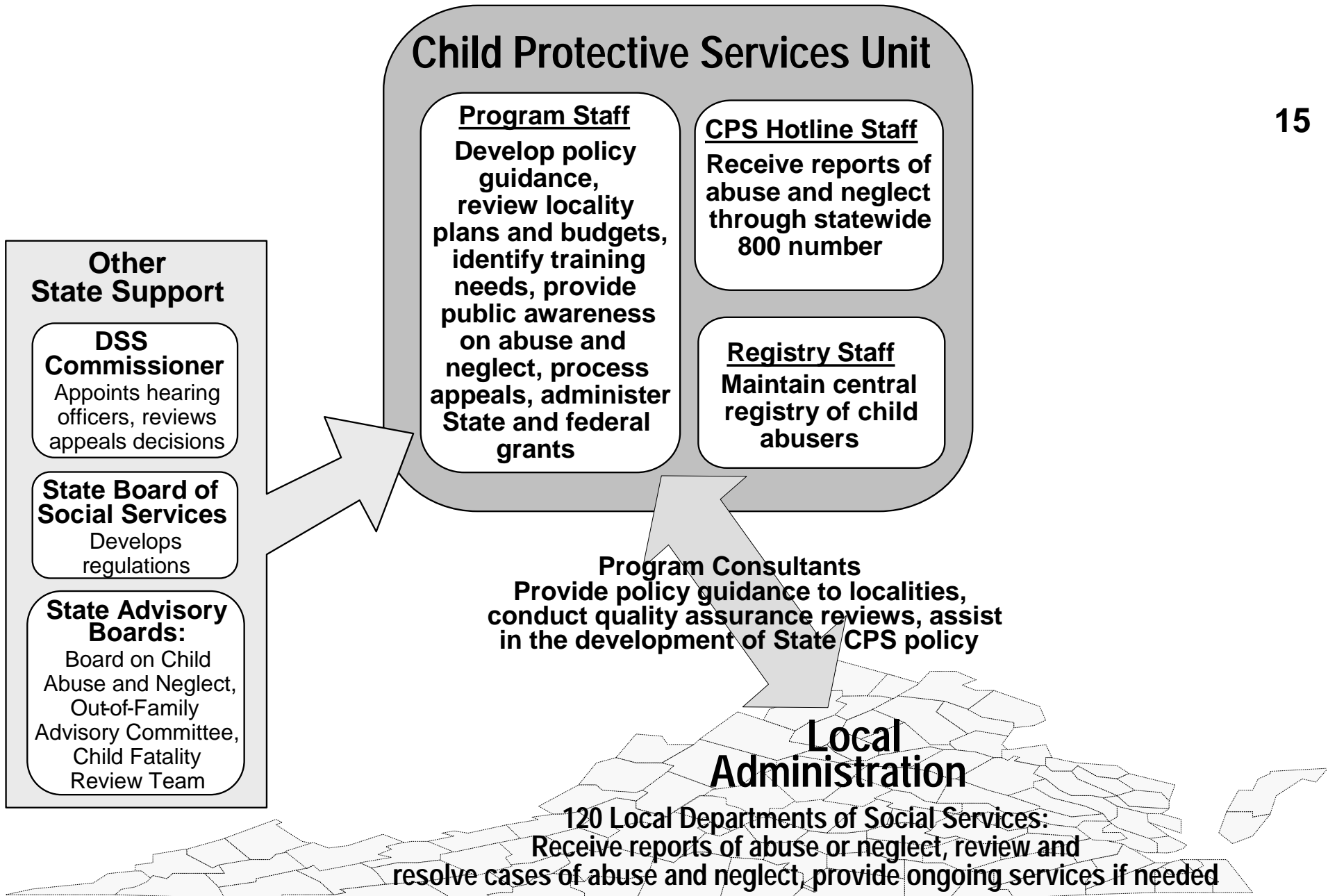
- **The *Code of Virginia* sets forth some specific requirements for addressing abuse and neglect**
 - **Local social services departments are required to have the capability to receive reports of child abuse or neglect and respond to them 24 hours per day, seven days a week**
 - **CPS units are required to address all reports of child abuse or neglect involving caregivers within the home and caregivers in other settings such as schools and daycare centers**
 - **Certain individuals such as teachers, physicians, and social workers are mandated to report suspected abuse or neglect**

Categories of Child Abuse and Neglect

14

Physical Abuse	Caretaker either: (1) intentionally inflicts or threatens to inflict physical injury on a child or intentionally allows physical injury to be inflicted; or (2) creates a substantial risk of death, disfigurement, or impairment of a child's bodily functions.
Physical Neglect	Caretaker fails to provide food, clothing, shelter, or supervision of child to the extent that a child's health or safety is endangered.
Medical Neglect	Caretaker fails to obtain or follow through with medical, mental, or dental care, and this failure could result in illness or developmental delays.
Mental Abuse or Neglect	Caretaker intentionally inflicts or threatens to inflict mental injury on a child or intentionally allows mental injury to be inflicted.
Sexual Abuse	Caretaker commits any act of sexual exploitation or other sexual act upon a child.

Organizational Structure of Child Protective Services in Virginia



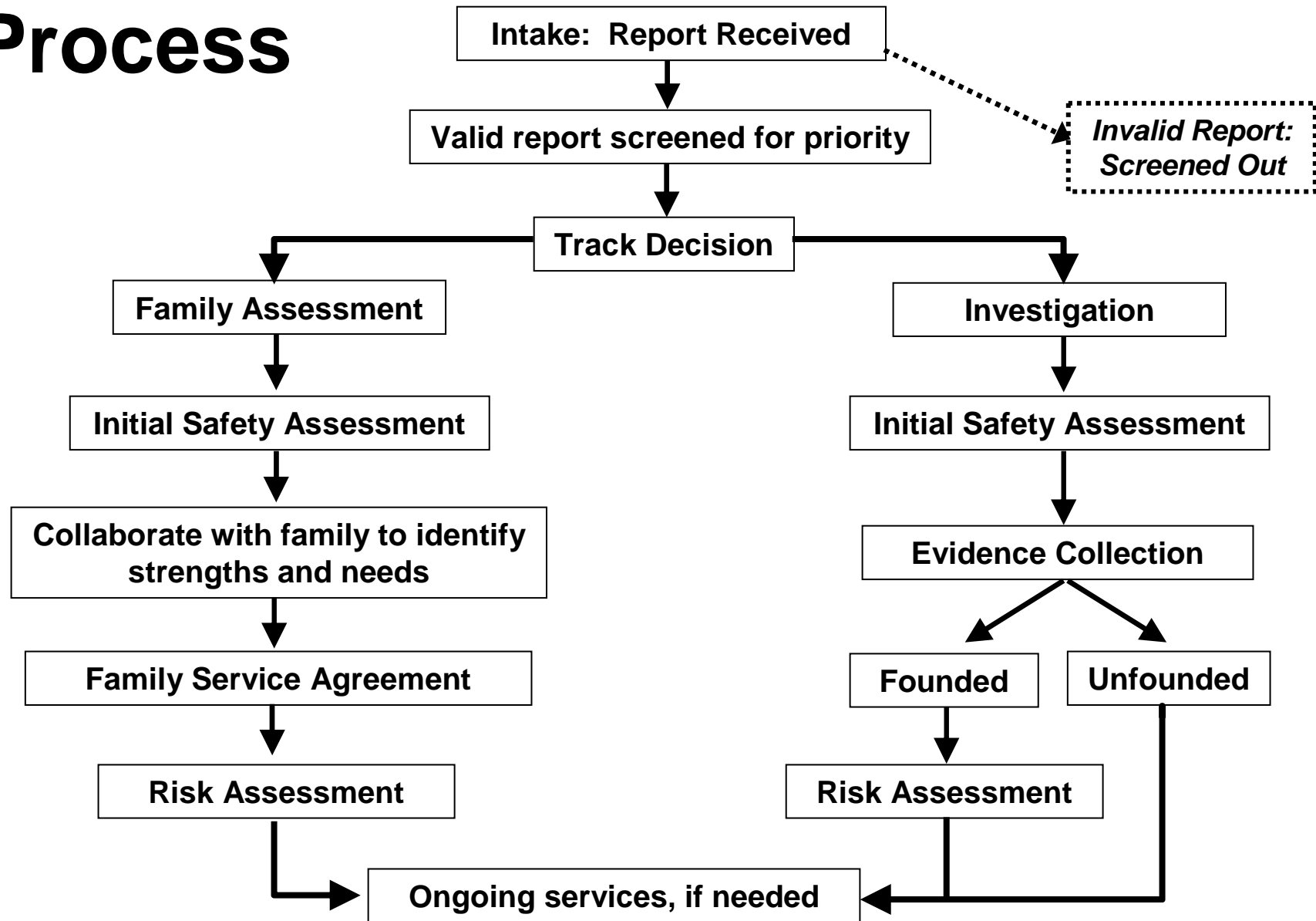
Funding for Child Protective Services

16

- **About \$21.5 million (20.5 percent of the general services allocation) is allocated for CPS in FY 2005**
- **About 65 percent of the general services allocation is federal dollars, 15 percent is State funds, and the remaining 20 percent is a local match**
- **Many localities provide additional funding for CPS beyond the required match**

CPS Case Process

17

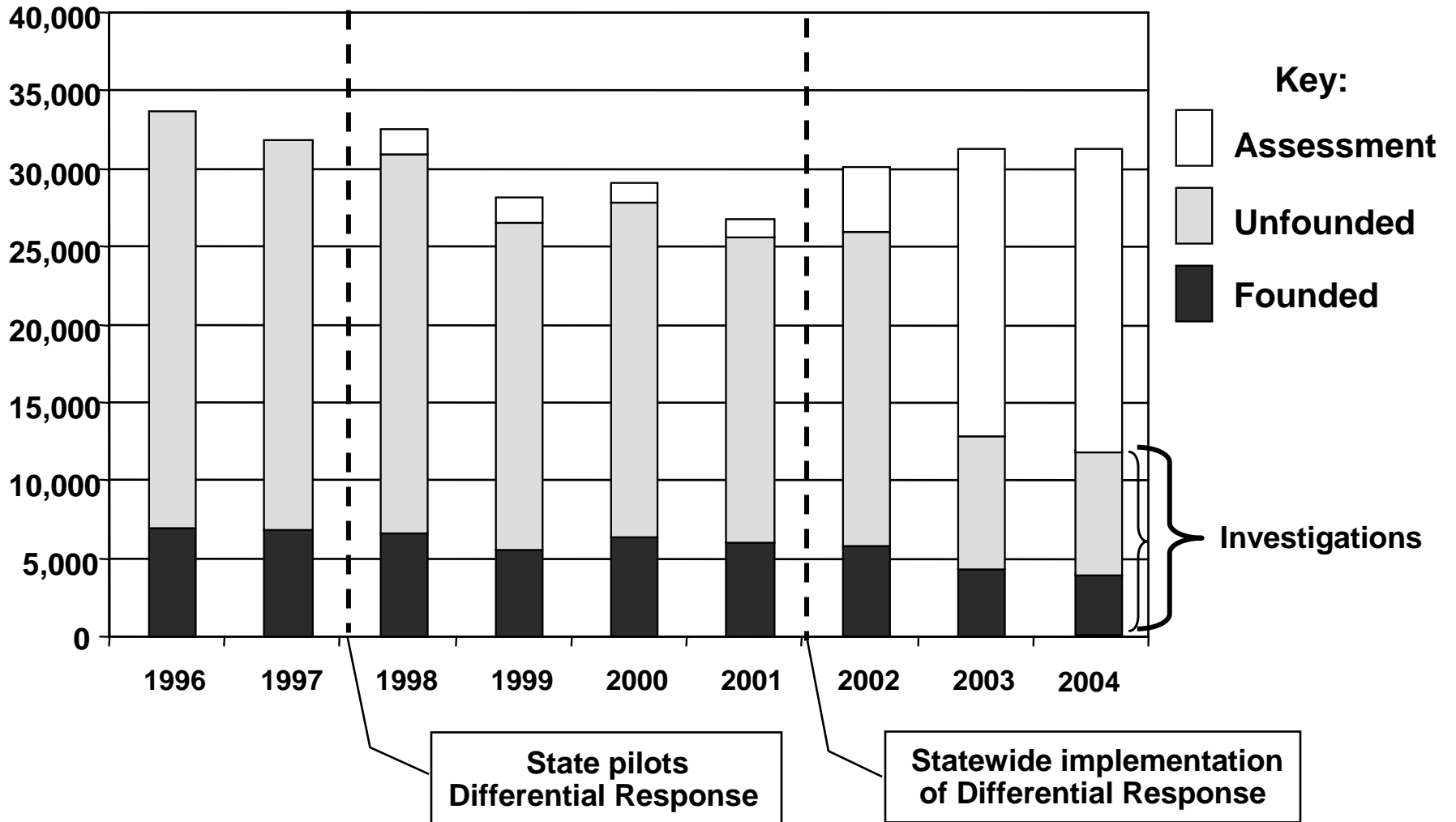


Referral Source for Accepted Reports of Abuse or Neglect

FY 2004

Mandated Reporters	Percent of Cases
School Personnel	19
Legal, Law Enforcement, or Criminal Justice Personnel	17
Medical and Mental Health Personnel	15
Social Services Personnel	7
Other	7
Non-Mandated Reporters	
Parent or Relative	17
Anonymous	11
Other	7

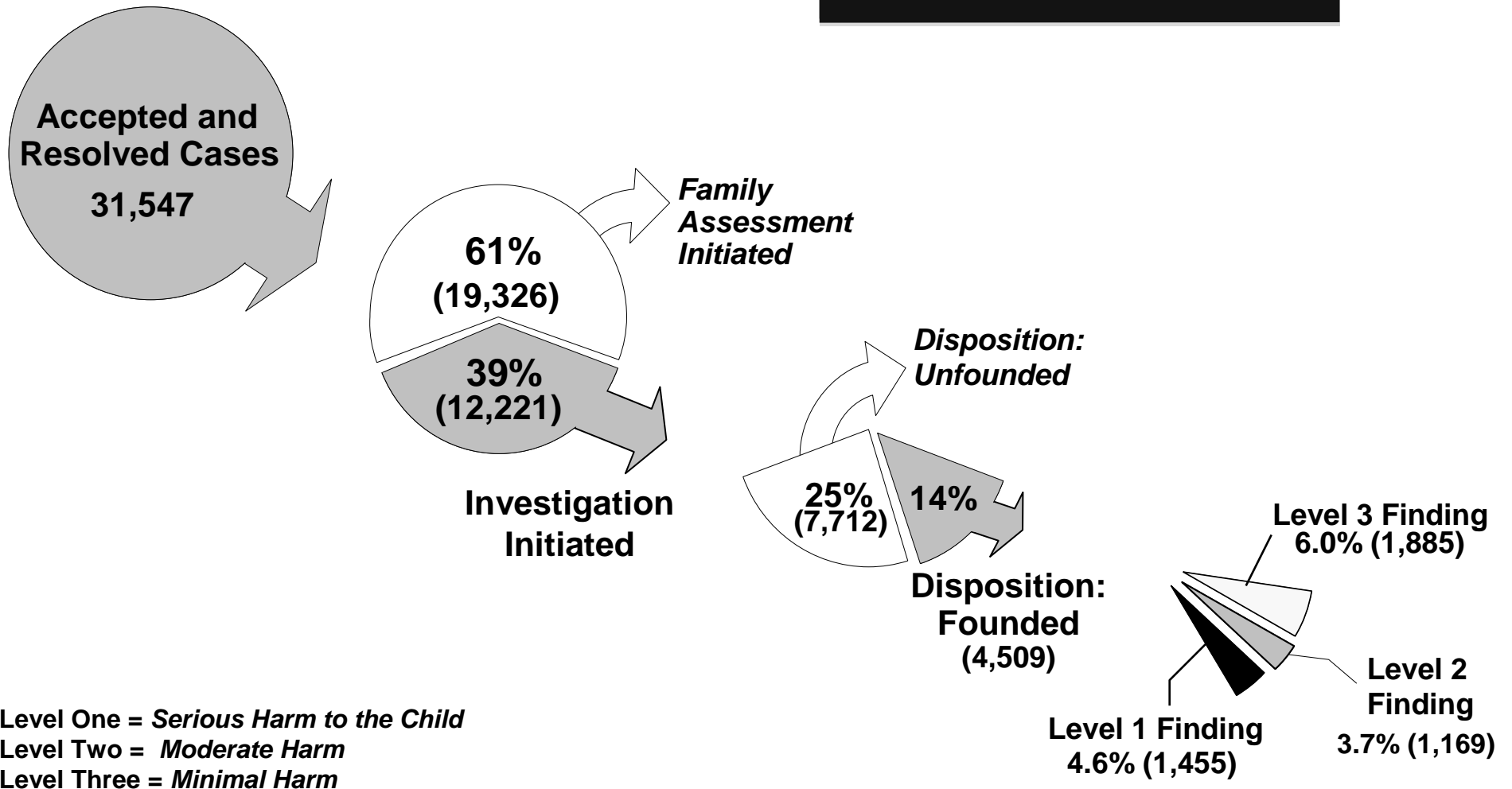
Disposition of Child Protective Services Reports Accepted and Resolved, FYs 1996-2004



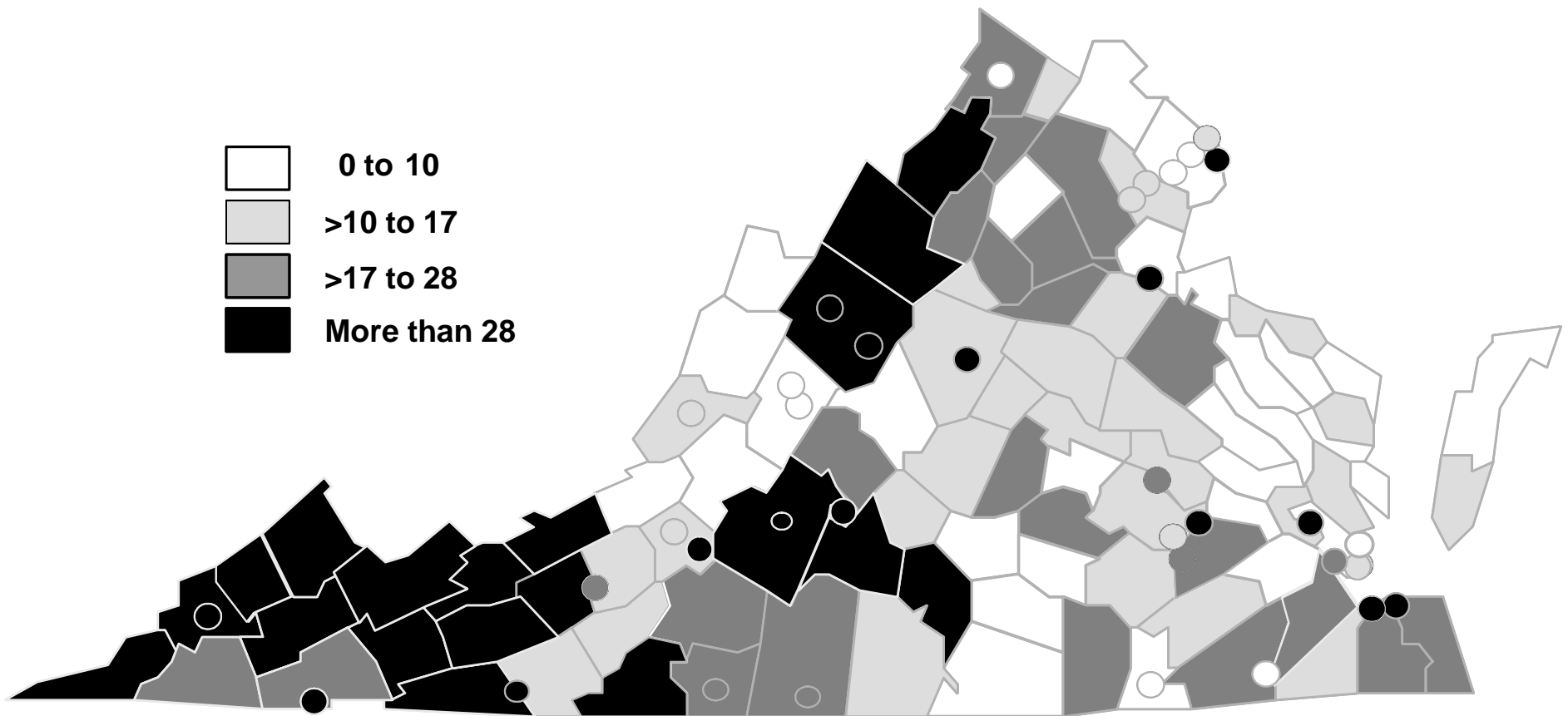
Child Protective Services Case Statistics, FY 2004



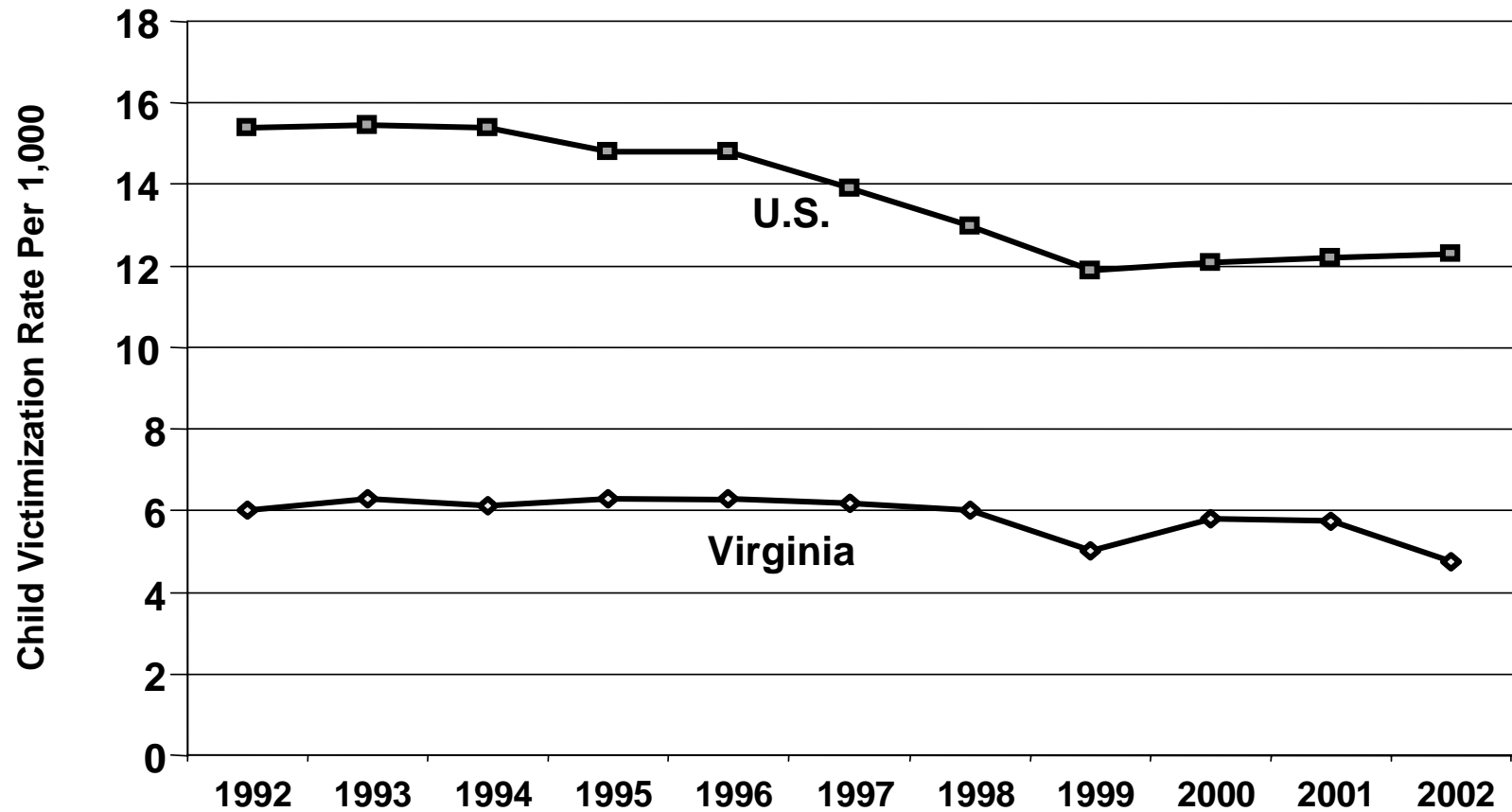
20



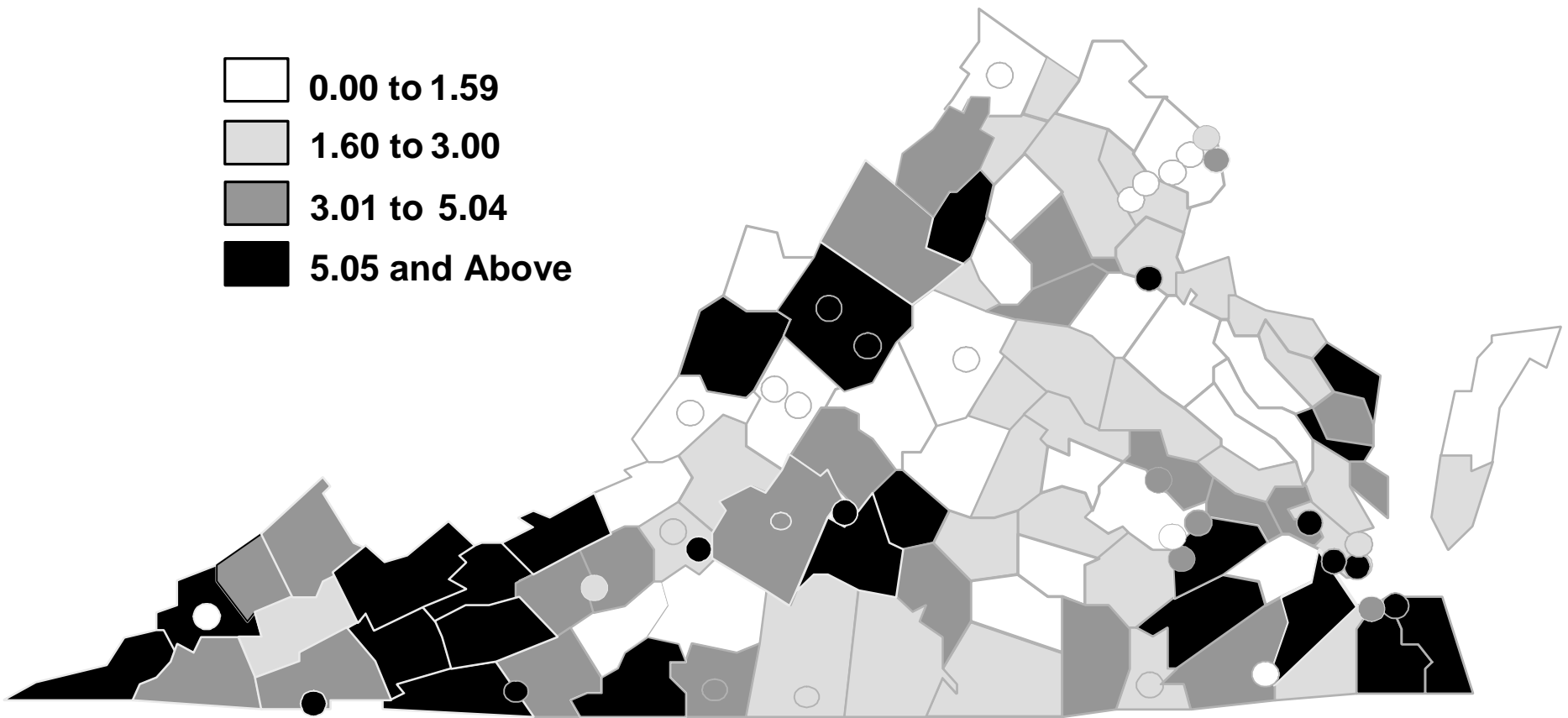
Cases of Alleged Abuse or Neglect per 1,000 Children (FY 2004)



Annual Rates of Child Abuse and Neglect Per 1,000 Children, Virginia and U.S.



Victims of Abuse or Neglect per 1,000 Children (FY 2004)



Rates of Abuse by Abuse and Neglect Type

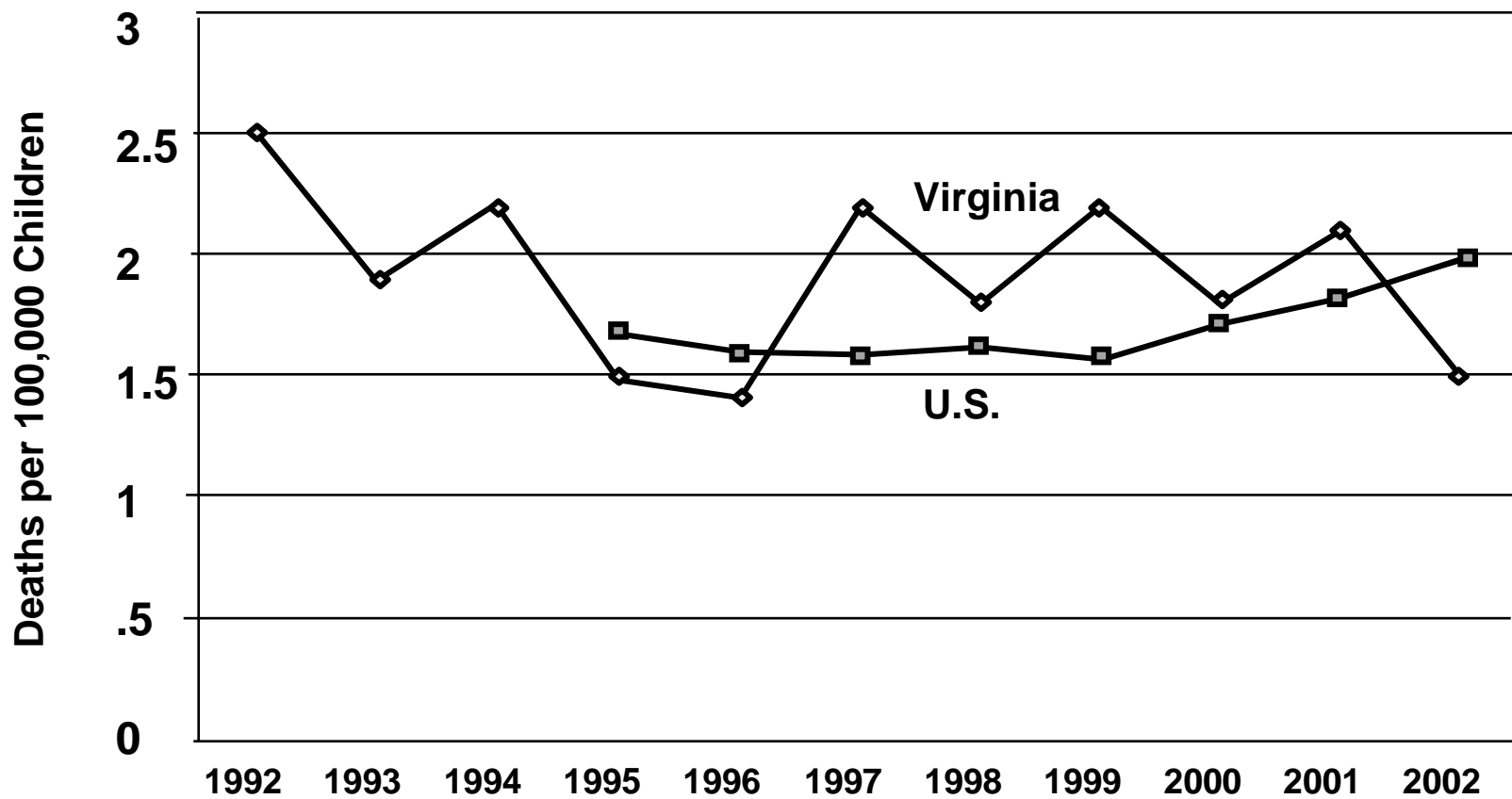
	U.S. Calendar Year 2002 (Percent)	Virginia Fiscal Year 2004 (Percent)
Physical Neglect	58	60
Physical Abuse	19	27
Sexual Abuse	10	16
Medical Neglect	2	2
Psychological Maltreatment	7	1
Other	26	0

*Numbers do not add to 100 because a child victim may suffer from more than one type of abuse or neglect.

Age and Gender of Victims of Child Abuse Neglect

	U.S. Calendar Year 2002 (Percent)	Virginia Fiscal Year 2004 (Percent)
Age		
0-3 years	28	29
4-7	24	23
8-11	22	21
12-15	20	20
Over 16 or unknown	6	7
Gender		
Male	48	47
Female	52	53

Child Maltreatment Death Rates Per 100,000 Children 17 Years of Age or Younger Virginia and U.S., 1992-2002



Relationship and Age of Perpetrators

27

	U.S. Calendar Year 2002 (Percent)	Virginia Fiscal Year 2004 (Percent)
Relationship		
Parent	81	71
Relative (non-parent)	7	7
Unknown or missing	3	12
Unmarried partner or parent	3	2
Other	6	8
Age		
Under 20	5	5
20-29	33	32
30-39	40	37
40-49	17	16
Over 49 or unknown	5	10

Family Assessment Case Example Involving Physical Neglect

28

The Public Health Department reported the concern that a family was living in a trailer without adequate heat. The family included two children, ages 16 and 13. The 16 year-old was pregnant. A CPS worker visited the home and observed that the trailer was in disrepair, and the only heat was a small kerosene heater. CPS assisted the family in applying for food stamps and in seeking assistance to pay for heating costs.

Family Assessment Case Example Involving Physical Abuse

29

A female child age 14 alleged that she was slapped on her face by her father after being expelled from school for allegedly smoking marijuana. The child reported that she was not fearful of her father, and the CPS worker observed that there were no bruises on the child's face. The CPS worker noted that the father appeared remorseful and was frustrated by his daughter's behavior. The CPS worker explained to the father that hitting the child in the face was inappropriate and recommended alternative discipline approaches.

Founded Level One Investigation Case Example Involving Physical Neglect

30

A woman 19 years of age allowed a nine-year old child to drive her car in the parking lot of an apartment complex. The child hit three children in the parking lot, causing one child to be hospitalized. The woman, who frequently cares for the child, stated that she felt the child was capable of properly driving the car.

Founded Level One Investigation Case Example Involving Physical Abuse

31

A stepfather admitted to punching his two-year old son in the face, causing the child to receive 12 stitches. The stepfather was attempting to prepare the baby for a bath when he raised his voice at the child, and the child began to cry. The stepfather indicated that he “snapped” and hit the baby with a closed fist. The stepfather arranged to attend counseling and anger management through his employer.

Presentation Outline

32

- Introduction
- Background
- Effectiveness of Child Protective Services in Virginia and Adequacy of State Operational Support**
- CPS Caseloads, Recommended Policy Changes, and Innovative Practices**

Review of CPS Case Decisions

33

- **In order to assess whether CPS staff were meeting their statutory responsibilities, JLARC staff reviewed decisions being made by CPS staff at key points in the CPS process**
 - **Acceptance/Screen Out of Reports of Abuse or Neglect**
 - **Interventions Identified to Ensure Immediate Safety of Child**
 - **Interventions Identified to Reduce Risk of Future Abuse or Neglect**
 - **Determination as to Whether Abuse or Neglect Occurred and the Level of Finding**

Children Are Protected

- JLARC staff concluded that CPS units appear to be taking reasonable steps to protect children from abuse or neglect and are making reasonable decisions at critical points in the case process
- Less than one percent of the cases involved a questionable decision at one of these key points in the process
- However, in one locality ten percent of the screened out cases reviewed lacked a reasonable basis

Response Time Standards

- **The *Code of Virginia* requires that CPS units conduct “immediate” investigations or family assessments in response to valid reports of child abuse or neglect but does not further define “immediate”**
- **The CPS policy manual indicates that best practice is to respond to all valid reports within five days**
- **JLARC staff used a seven-day standard to evaluate response times and a one-day standard if immediate medical attention was required**

Response Times for Investigations Are Generally Adequate

36

- **CPS units appear to be giving priority to the more serious cases and responding to them within reasonable timeframes**
- **The response time was questionable in only four percent of investigations reviewed**

Response Times for Family Assessments Are Sometimes Too Slow

37

- In 11 percent of family assessment cases reviewed, the response time was questionable
- Slow response times to less serious reports of abuse or neglect are a particular problem in some localities
 - In one locality reviewed, family assessment response times were too slow in 37 percent of cases reviewed
 - In two additional localities reviewed, family assessment response times were too slow 20 percent or more of the time

Recommendation

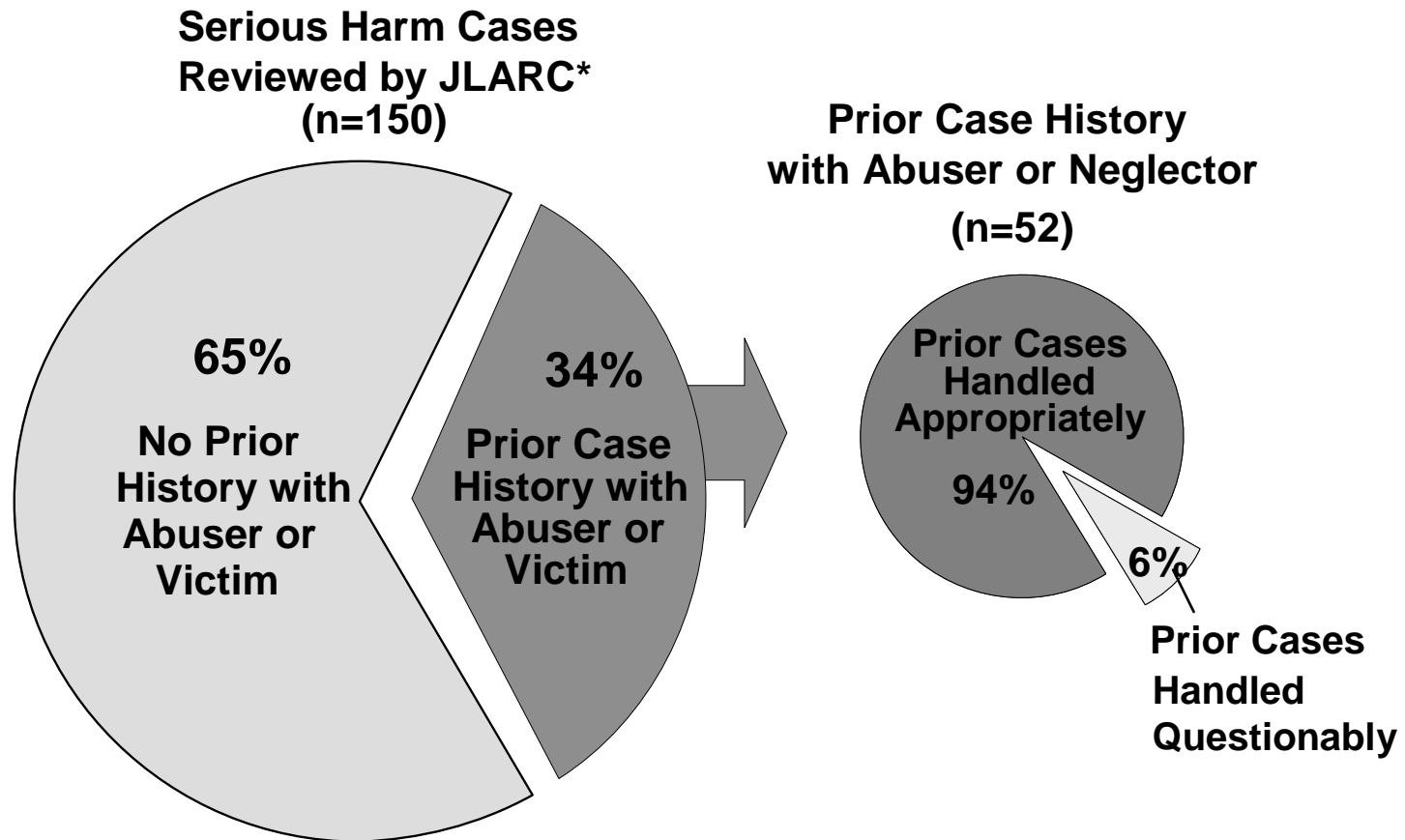
The Department and Board of Social Services should examine the issue of slow response times by child protective services to cases referred for investigations or family assessments and consider options for reducing delays in responding to these cases. One option that should be considered is whether specific response time requirements need to be established.

Review of Serious Harm Cases

39

- JLARC staff reviewed the case history in 150 cases closed in 2003 that involved serious harm to a child victim
- Primary purpose of the review was to determine whether CPS could have intervened to prevent the serious harm that occurred
- Cases were also reviewed to determine whether interventions undertaken in the serious harm cases prevented subsequent abuse or neglect

Appropriateness of CPS Interventions Prior to Serious Harm Cases



*Percentages do not total to 100 due to rounding.

CPS Interventions Prior to Serious Harm Cases Were Reasonable

41

- **In most serious harm cases with previous CPS history, CPS intervened reasonably in the prior cases**
- **In a few cases, CPS could have taken further action in previous cases to help reduce the risk of subsequent serious harm**
 - **An infant died in the care of the mother although a safety plan directed the father not to leave the baby alone with her. The caseworker had failed to contact the father to ensure he understood the safety plan.**
 - **Two young children wandered away from home for at least 45 minutes while their father slept. A month earlier, a similar report was determined to be unfounded, because the caseworker did not believe the incident was deliberate.**

Reports of Subsequent Abuse or Neglect in the 12 Months Following Serious Harm Case

42

	Number	Percent of All Cases (n=150)
Abuse or Neglect Involving:		
Same Victim and Abuser	2	1
Same Abuser	4	3
Same Victim	4	3
Total	10	7

CPS Fulfills Goal of Preserving Families

43

- About three percent of cases that are referred for an investigation or family assessment result in the placement of a child in foster care
- Juvenile and Domestic Relations judges interviewed consistently indicated that CPS staff do not seek petitions for removal of children unless there is good reason to request such action

Recommended Services in CPS Cases Reviewed by JLARC Staff

44

	Percent of Total Recommended Services (n=1,200)
Counseling and Therapy	20
Parenting	17
Mental Health Assessment/Treatment	13
Substance Abuse Treatment	7
Other DSS Services	7
Case Management	6

*Percentages do not total to 100 because approximately 30 percent of services were consolidated into an “other” category and were not included in this table.

Recipients of Services in CPS Cases Reviewed by JLARC Staff

45

	Percent of Services Recommended (n=1,200)
Perpetrator	49
Victim	24
Family	18
Non-Offending Caretaker	7
Other	3

*Percentages do not total to 100 due to rounding.

Local CPS Units Appear to Be Making Reasonable Decisions Regarding the Provision of Services

46

- Reasonable services and interventions are identified for families based on their strengths and needs
- CPS caseworkers conduct reasonable follow-up actions after services are recommended
 - Extent to which caseworkers coordinate and monitor services during investigations and family assessments varies based on the needs of the family and, in some cases, local philosophy
 - Caseworkers coordinate services and provide case management for families receiving ongoing services and also meet face-to-face with them in order to monitor their progress
- CPS caseworkers close cases to ongoing services when appropriate

In Some Local CPS Units, Staff Want to Provide More Services to a Greater Number of Families

47

- **Some local CPS units expressed concern that inadequate funding and staffing limit them to providing a minimum level of support to families who are not categorized as high risk**

- **Consequences of limited resources include:**
 - **Ongoing services may not be provided to all the families who may benefit from them**
 - **CPS staff may not be able to provide the level of case management they feel is appropriate for families who do receive ongoing services**
 - **CPS staff may be able to provide and purchase only a bare minimum of services for families who otherwise cannot afford them**

In Most Localities, Families Generally Are Able to Obtain Most Services

	Always or Most of the Time	Some of the Time	Rarely or Never Available
CSA Referral	80%	19%	1%
Domestic Violence	70	25	4
Counseling/Therapy	67	28	5
Mental Health Counseling/Treatment	61	27	12
Parenting	59	31	11
Anger Management	52	36	12
Mental Health Assessment	53	33	14
Substance Abuse Treatment	43	36	22

*Percentages do not add to 100 due to rounding.

Gaps Exist in Service Availability and Accessibility

49

- **In some localities, particular services are not available to fully address families' needs**
 - Substance abuse treatment
 - Mental health and parenting services, especially in rural areas

- **In some localities, families may have difficulty accessing services due to:**
 - Waiting lists
 - Lack of transportation
 - Expense of purchasing services

State Is Providing Adequate Operational Support

50

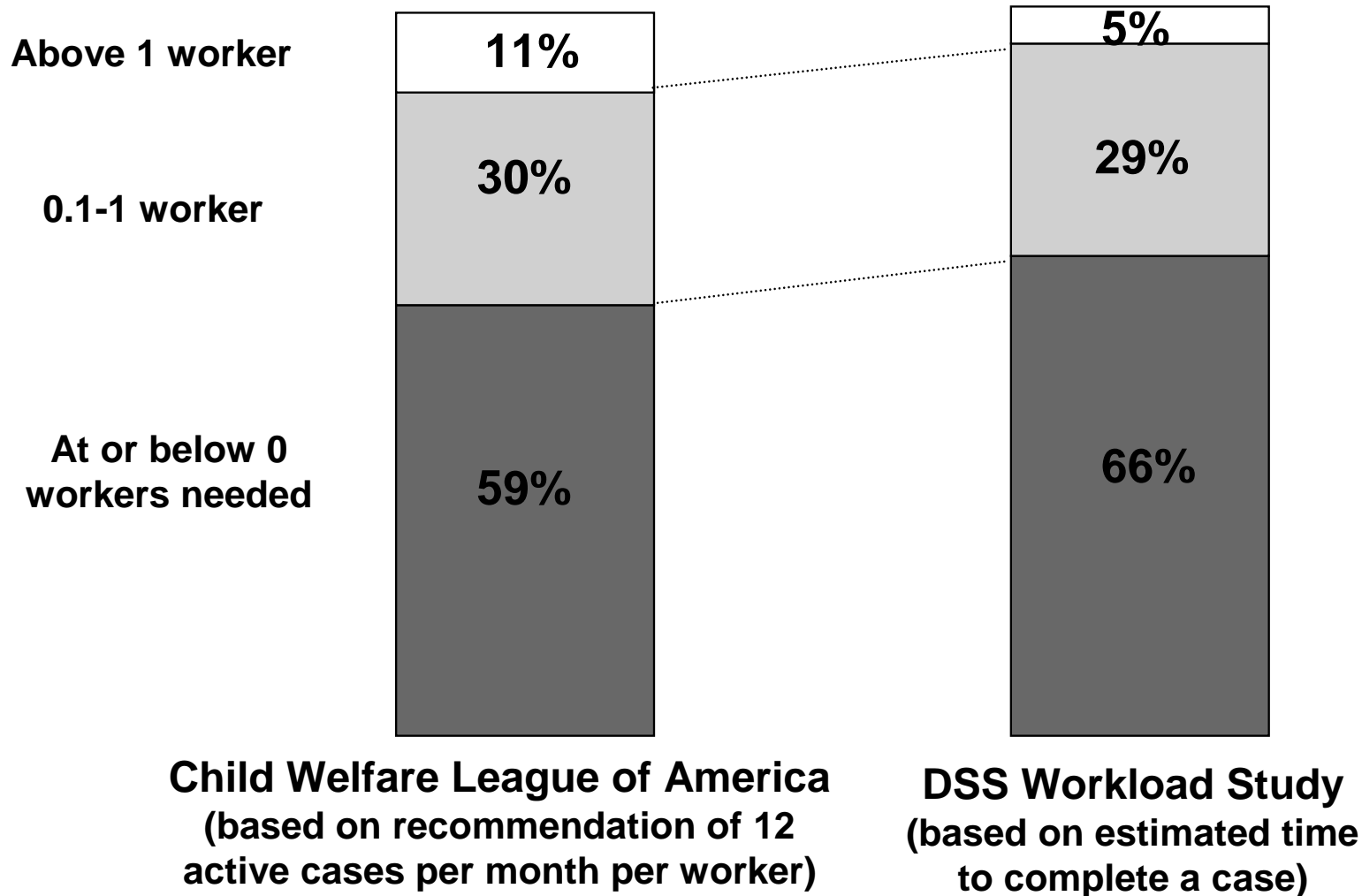
- **State provides adequate policy guidance through policy manual and six program consultants**
- **State-operated hotline, which is maintained 24 hours a day to receive reports of abuse or neglect, appears to receive and provide the necessary information to local CPS units**
- **CPS staff are generally satisfied with the training provided by the State**
- **OASIS provides the basic functionality needed for recording case information, but some improvements are needed**

Presentation Outline

51

- Introduction
- Background
- Effectiveness of Child Protective Services in Virginia and Adequacy of State Operational Support
- CPS Caseloads, Recommended Policy Changes, and Innovative Practices

Percentage of Localities with a Net Additional Worker Needed to Conduct Family Assessments and Investigations



Recommendation

The State Department of Social Services should conduct a comprehensive analysis of the extent to which child protective services units may not have adequate staff to effectively manage their caseloads and the cause of the problem, as well as develop proposed solutions to address it.

Case Tracking Needs to Be More Consistent

54

- ***Code of Virginia* requires that certain categories of serious cases be investigated but allows CPS discretion in all other cases**
- **CPS units differ substantially in how they track cases**
 - **Substantial number of localities handle all or the vast majority of cases as investigations**
 - **Substantial number of localities handle the vast majority of their cases as family assessments**
- **Inconsistencies in approach regarding the tracking decision result in similar cases being handled differently**

Recommendation

The Department and Board of Social Services should evaluate the current inconsistency among localities in tracking child protective service referrals as investigations or family assessments and consider taking appropriate measures to further standardize the tracking process.

Alleged Abusers Under the Age of 14 Need More Protection

56

- **Under current State law, there is no minimum age below which a child cannot be considered a caretaker**
- **In FY 2004, 26 children under the age of 14 had a founded case of abuse or neglect against them**
- **The primary concern regarding founded cases of abuse or neglect against children under the age of 14 is that their name may be placed in the State's Central Registry for up to 18 years**

Alleged Abusers Under the Age of 14 Need More Protection (continued)

57

- **Virginia's criminal statutes provide some protection for juveniles under the age of 14 regarding record retention and whether the child can be tried as an adult**
- **Other states exclude children under the age of 18 from the definition of persons who may be considered to have committed child abuse or neglect**

Recommendation

The Virginia General Assembly may wish to consider amending the *Code of Virginia* to further protect the rights of children alleged to have committed abuse or neglect. Two options that could be considered are requiring: (1) the removal of the name of any child from the Central Registry at the age of 19 if the last act of abuse or neglect committed by the child was when the child was younger than the age of 14, or (2) all cases that involve an alleged perpetrator under the age of 14 be handled as family assessments and not as investigations.

60-Day Case Resolution Not Always Possible

59

- ***Code of Virginia*** requires that CPS resolve cases within 45 days. This time period can be extended to 60 days if there is written justification for extending the time.

- **Some cases cannot be resolved within a 60-day time period due to factors beyond the control of CPS**
 - Joint investigations with law enforcement
 - Cases that depend upon the completion of medical exam reports

Recommendation

The Virginia General Assembly may wish to consider amending §§ 63.2-1505 and 1506 of the *Code of Virginia* to provide that time delays that are beyond the control of child protective services workers shall not be computed as part of the 45-day or 60-day time period for completing investigations or family assessments, if a local CPS unit provides written justification for the time extension to the State Department of Social Services.

Examples of Innovative Practices and Programs Used by Local CPS Units

61

■ Family Support Program

- In Albemarle County, social workers are located in elementary schools and offer prevention services to students and families identified to be at high risk of abuse or neglect

■ Healthy Families Partnership

- In the city of Hampton, Healthy Start provides in-home services to at-risk expectant mothers that typically continue until children are of school age
- Hampton also has the Healthy Communities program that offers primary prevention services to parents, regardless of their risk level. Services include: providing information about parenting and community resources, parent education courses, a newsletter, and Young Family Centers in public libraries.

Examples of Innovative Practices and Programs Used by Local CPS Units

(continued)

62

■ Interjurisdictional Review

- CPS staff from Alexandria, Arlington, and Fairfax review high-risk cases from each other's units in order to evaluate case decisions and provide feedback**

■ Recidivism Panel

- In Prince William County, DSS staff review cases in which abuse or neglect recurs within 12 months of a founded disposition in order to assess whether warning signs were missed or an alternative course of action would have been appropriate**

■ Other innovative practices and programs include prevention units, quality assurance staff, multidisciplinary teams, children's advocacy centers, caseworker specialization, and family drug courts

Conclusion

- **Decisions being made at key points in the CPS process appear to have a reasonable basis and are supporting the goals of protecting children from further abuse or neglect while preserving families to the extent possible, but response times are too slow in some of the less serious cases.**
- **In most cases reviewed that involved serious harm or the threat of serious harm to a child, CPS units intervened reasonably when they had the opportunity to potentially prevent the abuse or neglect, but in a few instances they could have taken further action.**

Conclusion

(continued)

- **Local CPS units appear to be making reasonable decisions and taking reasonable actions regarding the identification and monitoring of services for families, but in some localities CPS staff want to provide more services to a greater number of families, and some services are not sufficiently available.**
- **The State Department of Social Services generally appears to be providing adequate operational support to local CPS units.**