REPORT OF THE
JOINT LEGISLATIVE AUDIT
AND REVIEW COMMISSION

Review of Child Protective Services in Virginia

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

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Preface

In December 2003, the Joint Legislative Audit and Review Commission (JLARC) directed staff to conduct a study of the child protective services (CPS) program in Virginia. The General Assembly subsequently enacted House Joint Resolution 193 during the 2004 session, which directed JLARC to study the operation and performance of the Commonwealth's social services system, specifically including the delivery of prevention and early intervention services. This is the first of several reports anticipated under the HJR 193 mandate.

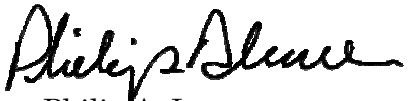
The study involved an extensive evaluation of the CPS program, including a review of approximately 1,700 randomly selected case files in 19 localities, as well as interviews with key participants in the CPS process in each of these localities. JLARC also reviewed a random sample of 150 cases closed in calendar year 2003 that involved a serious incident of abuse or neglect, and conducted a survey of all 120 CPS units in the State.

The study found that the 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 while preserving families to the extent possible. In addition, in most cases reviewed that involved serious harm, CPS units intervened reasonably when they had the opportunity to potentially prevent the abuse or neglect. In some of the less serious cases, response times were found to be too slow, and in a few instances CPS units could have taken further action to prevent serious harm that ultimately occurred.

The study also found that CPS units are making reasonable decisions and taking reasonable actions regarding the identification and monitoring of services for families. However, in some localities CPS staff would like to provide more services to a greater number of families, and some services are not sufficiently available.

The study further concluded that the State Department of Social Services generally appears to be providing adequate operational support to local CPS units, and that most local CPS units appear to have manageable caseloads. The study makes recommendations regarding case tracking, the 60-day case disposition requirement, and the treatment of young abusers.

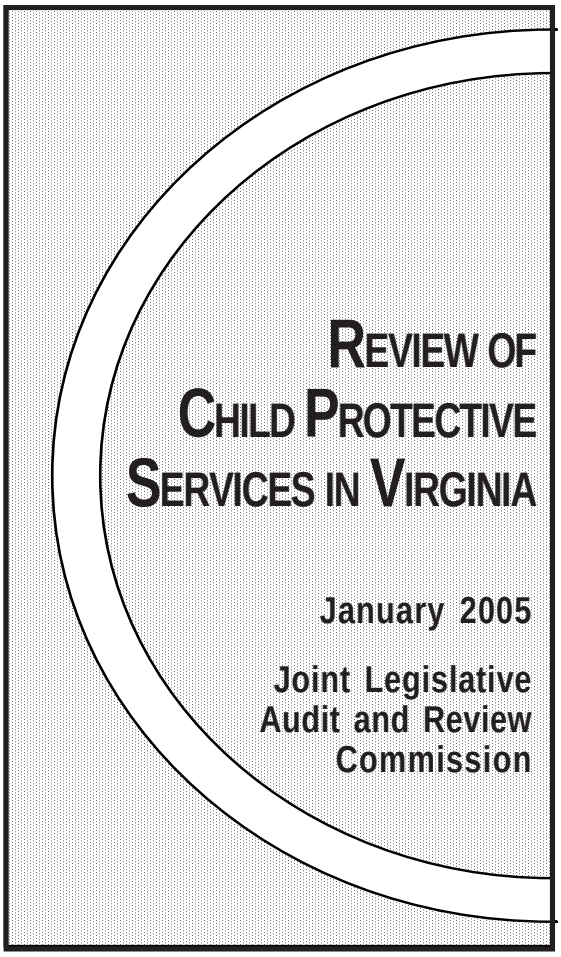
On behalf of the JLARC staff, I wish to express my appreciation for the assistance provided during this study by the State Department of Social Services, as well as the local departments of social services throughout the Commonwealth.



Philip A. Leone
Director

January 13, 2005

JLARC Report Summary



In December 2003 the Joint Legislative Audit and Review Commission directed staff to conduct a study of the child protective services (CPS) program in Virginia. The General Assembly subsequently enacted House Joint Resolution 193 during the 2004 session. The resolution directed JLARC to study the operation and performance of the Commonwealth's social services system, including the delivery of prevention and early intervention services, which are provided by CPS.

The purpose of the CPS program is to protect children who are victims of abuse or neglect. The primary goals of the program are to prevent future abuse and neglect of children who have been victims while continuing to preserve families to the extent possible. While the State Department of Social Services plays a supervisory role in implementing the CPS program in Virginia, 120 local CPS units throughout the State directly administer it.

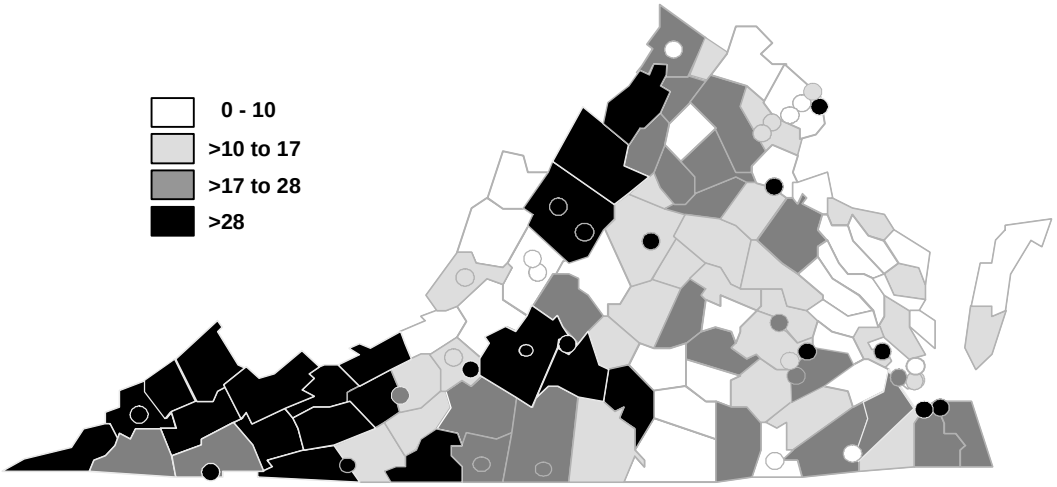
Over the last three years, the State has received about 55,000 reports of abuse or neglect on average each year, and about 60 percent of those reports have been accepted and referred for an investigation or family assessment. In FY 2004, 14 percent of those reports accepted for review, or 4,509 cases, resulted in a finding of abuse or neglect against the alleged perpetrator.

As the figures on page ii demonstrate, localities with the highest number of cases accepted for review by CPS per 1,000 children are in the northwestern and southwestern regions, as well as the Lynchburg-Roanoke area. The localities with the highest proportion of victims of abuse or neglect per 1,000 children are mostly in the southwestern and southeastern portions of the State. When compared with other States, Virginia has a substantially lower rate of child victimization per 1,000 children than the average rate in the United States as a whole.

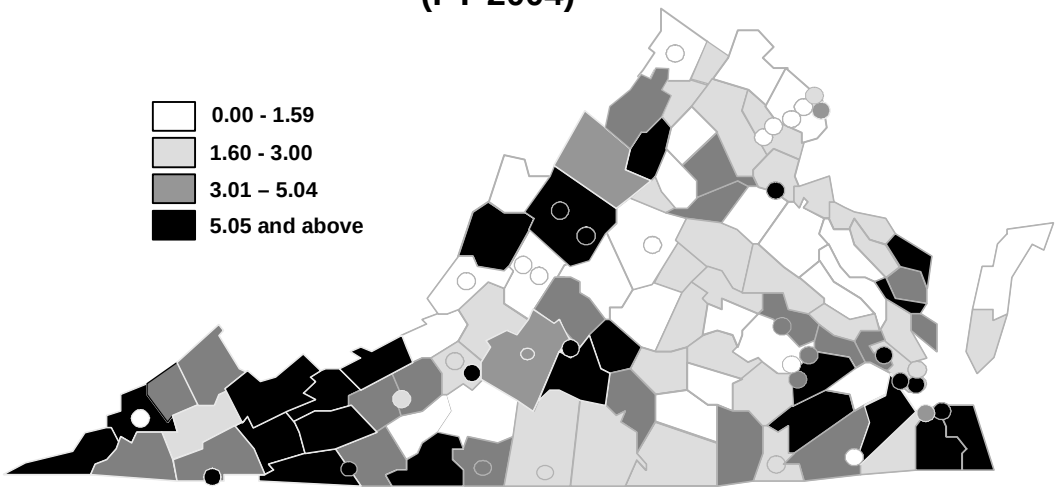
This study involved an extensive evaluation of the CPS program, including a review of approximately 1,700 randomly selected CPS case files in 19 localities as well as interviews with key participants in the CPS process in each of these localities. The primary purpose of this review was to assess the effectiveness of the CPS program in each of these localities and whether the CPS units were meeting their obligation to protect children and preserve families.

JLARC also reviewed a random sample of cases closed in calendar year 2003 that involved a serious incident of abuse or neglect. The primary purpose of this review

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



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



Note: For those localities that share a CPS unit, a rate could not be calculated for each locality individually, but, instead, a single rate was calculated for all localities served by that unit.

was to assess whether CPS units made reasonable decisions and took reasonable actions to prevent the serious harm that ultimately occurred. One of the limitations of these reviews that should be noted is that JLARC staff had to rely primarily on individual caseworkers' documentation.

The major conclusion of the review is that overall the State's child protective services program appears to be meeting its statutory and regulatory responsibilities to protect children from further abuse or neglect while preserving families to the extent possible. At the local level, CPS units ap-

pear to be administering their CPS programs effectively. At the State level, the Department of Social Services appears to be providing adequate operational support to the local units.

The major findings of this review are:

- The 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.
- 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.
- Most local CPS units appear to have manageable caseloads, but some may not.
- Changes regarding how cases are tracked, how children who are abusers or neglectors are treated, and the 60-day case disposition requirement would improve the CPS system in Virginia.
- Localities around the State have implemented innovative practices and programs to administer more effectively protective services to children and families.

CPS Case Decisions Generally Appear Reasonable, and Support the Protection of Children and the Preservation of Families

JLARC staff evaluated the decisions made by CPS staff at key points in the case process that would affect the immediate and long-term safety of children. These included: (1) the decision whether to accept reports of abuse or neglect for further review; (2) the initial decision regarding the interventions necessary to protect the immediate safety of children; (3) the decision regarding the interventions necessary to minimize the risk of future abuse or neglect, and (4) in relevant cases, the determination as to whether abuse or neglect actually occurred (the disposition decision).

In the vast majority of cases, local CPS units appear to be making decisions with a reasonable basis regarding whether to screen cases in, what short-term interventions need to be taken to protect the safety of children, what longer term interventions are necessary to prevent further abuse or neglect, and the case dispositions. In only two percent of the cases reviewed did a CPS unit appear to make a questionable decision at one of these critical points in the process.

In addition, it appears that CPS units are generally fulfilling their goal of preserving families whenever possible. Based on the file review as well as interviews with Juvenile and Domestic Relations judges, CPS units appear to petition for the removal of children only as a last resort. Only about three percent of reports accepted for review result in a child being placed in foster care. CPS staff attempt to provide necessary services to victims and alleged abusers and neglectors that will enable families to remain together.

While CPS units are generally responding promptly to reports of child abuse or neglect, response times to cases tracked as family assessments, which tend to be less serious cases, raise some concerns, especially in certain localities. In 11 percent of

the family assessment cases reviewed, the response times were found to be inadequate (greater than seven days). In one locality, response times for cases tracked as family assessments were too slow in 36 percent of the cases, and in two other localities, responses to family assessment cases were too slow 20 percent or more of the time. The Department and Board of Social Services need to evaluate the issue of slow response times and consider options for reducing delays.

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 cases. One option that should be considered is whether specific response time requirements need to be established.*

In Most Serious Harm Cases, CPS Units Intervened When They Had the Opportunity to Prevent Abuse or Neglect, But in a Few Instances They Could Have Taken Further Action

A review of the case history associated with cases involving serious harm to a child was conducted to further assess whether children are being protected from abuse or neglect, and especially whether CPS could have intervened to prevent serious harm from occurring. In almost two-thirds of the cases reviewed, the serious harm was a first-time occurrence that CPS did not have the opportunity to prevent. In about one-third of the cases, there had been previous CPS involvement with the same alleged victim, alleged abuser, or both. A majority of these cases with a prior history involved both the same victim and abuser together in a previous incident of alleged abuse or neglect.

In 94 percent of the cases in which there was previous CPS involvement, there was no evidence that CPS made questionable decisions that contributed to the subsequent serious harm to a child. However, in three of the 52 cases reviewed that involved previous history, at least one questionable decision was made in a previous case that may have adversely impacted the safety of a child, who was then later a victim in a serious harm case.

Local CPS Units Appear to Be Making Reasonable Decisions and Taking Reasonable Action Regarding Services

Along with ensuring the safety of children, another major responsibility of CPS is to provide services to families in order to prevent a future occurrence of abuse or neglect. From information collected through interviews, survey responses, and file reviews, it appears that most CPS units are adequately fulfilling statutory, regulatory, and policy requirements as they relate to the provision of services. In most of the cases reviewed, it appears that local CPS units made reasonable decisions about when to provide services to families and what type of services to provide. In addition, it appears that CPS caseworkers provided adequate follow-up support to families after services were recommended. Finally, it appears that in a majority of localities, families who need services generally are able to obtain them. Services commonly identified include counseling and therapy, parenting, mental health assessment/treatment, and substance abuse treatment.

While CPS appears to be generally meeting requirements in the provision of services, there were concerns raised during the review. CPS staff in some localities indicated that inadequate funding and staffing limit them to providing only a minimum level of support to families who are not categorized as high risk. In addition, in some localities particular services are unavailable or inaccessible. For example, about one-fifth of CPS units who responded to a JLARC survey conducted as part of this review indicated that substance abuse treatment is rarely or never available.

State Support to Localities Appears to Be Adequate

While child protective services is a locally administered program, the State Department of Social Services provides a key role in several areas. The State has responsibility for establishing and implementing State CPS policy, providing training to CPS workers, staffing the CPS statewide hotline, and maintaining the automated information system for CPS (the On-Line Automated Services and Information System or OASIS).

The State generally appears to be performing its roles adequately. The State policy manual provides the policy guidance needed for local CPS units to perform their responsibilities, and six program consultants provide adequate technical assistance to local CPS staff in interpreting the policy manual. In addition, the State hotline, which receives many of the reports of abuse or neglect, provides adequate support to local CPS units. Finally, the OASIS information system provides the basic functionality needed for recording case information, but modifications could be made to improve the usability of the system and to enhance the ability of State and local CPS staff to obtain data from it.

Most Local CPS Units Appear to Have Manageable Caseloads, But Some May Not

One of the concerns raised by some CPS staff is that the caseloads of their workers are too high, which makes it difficult for them to fulfill their statutory responsibilities. Using data on the number of cases and the number of CPS staff, as well as analysis from a previous workload study conducted for the Department of Social Services, JLARC staff conducted a caseload analysis. (This did not include an analysis of ongoing services staff and cases because of the lack of comprehensive data).

Based on this analysis, it appears that between 59 and 66 percent of localities have manageable caseloads. Most of the remaining CPS units would require less than one additional full-time position to handle their existing caseload. Given the importance of the CPS function and the potential consequences of high caseloads for the protection of children, the report recommends that the Department of Social Services further examine this issue.

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 proposed solutions to address it.*

Some Policy Changes Could Improve Virginia's CPS System

The State policy manual provides a fair amount of discretion to local CPS units in deciding whether to track a case as an investigation or a family assessment. The primary difference between the two is that with investigations, there may be a finding of abuse or neglect against the alleged perpetrator. In contrast, with family assessments, the focus is on needed interventions and services, and there is no disposition made against the alleged abuser or neglector.

The JLARC file review, as well as statewide data, revealed that there are substantial differences among localities in how cases are tracked. While the *Code of Virginia* requires local CPS units to handle only the most serious cases as investigations, some units are investigating all or the vast majority of their accepted cases. Conversely, there are a substantial number of localities that handle the vast majority of their cases as family assessments. This results in similar cases being handled differently depending on the philosophy of the CPS unit.

Another proposed change involves the manner in which children who are alleged to have committed abuse or neglect are treated. Under current law, an alleged abuser may be any person who has assumed the

caretaking role, and there is no minimum age below which a child cannot be considered a caretaker. The concern is that children who may lack the mental maturity to understand the seriousness of the consequences of their behavior may have their names placed in the Central Registry of abusers and neglectors for up to 18 years, and therefore, be precluded from engaging in certain career opportunities that involve working with children.

Under Virginia's criminal law, children under the age of 14 who commit a crime are afforded some protections from the legal consequences of their criminal conduct. In addition, some states exclude young abusers from their definition of abuse and neglect. In FY 2004, there were 26 children, ranging in age from 11 to 13, who received a finding of abuse or neglect against them.

A final recommended change would give CPS greater discretion to resolve some cases after the current 60-day limit. In some instances, CPS units are not able to comply with the current statutory requirement that cases be resolved within 60 days due to factors beyond their control. The report includes a recommendation that would provide CPS with more flexibility in meeting this 60-day requirement.

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.*

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. 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.*

Recommendation. *The Virginia General Assembly may wish to consider amending §§ 63.2-1505 and 1506 of the C*ode 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.*

Localities Have Implemented Innovative Practices and Programs

Localities across the State have implemented innovative practices and programs in order to more effectively administer protective services to children and families. Some localities have instituted prevention programs. For example, Albemarle County has developed the Family Support Program in which county staff are located in schools in order to reduce the rate of child abuse and neglect through early intervention and service provision. In Hampton, the Healthy Families Partnership program offers prevention services to all families with children under the age of eighteen.

Other localities have implemented quality assurance practices. The local CPS units in the city of Alexandria, Arlington County, and Fairfax County collaborated to establish an interjurisdictional review team that meets quarterly to review high risk cases from each other's units and then provide feedback and direction. Prince William County has created a recidivism panel that reviews CPS cases in which an incident of child abuse or neglect occurs within twelve months of a founded disposition. Other practices and programs that have been established include multidisciplinary collaboration, caseworker specialization, and family drug courts.

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I. Introduction

On December 8, 2003 the Joint Legislative Audit and Review Commission directed staff to conduct a study of the child protective services (CPS) program in Virginia. The General Assembly subsequently enacted House Joint Resolution 193 during the 2004 session. The resolution directed JLARC to study the operation and performance of the Commonwealth's social services system, including the delivery of prevention and early intervention services which are provided by CPS (The study mandate and House Joint Resolution 193 are included in Appendix A). The CPS program protects children who are victims of abuse or neglect. The primary goals of the program are to prevent future abuse and neglect of children who have been victims while continuing to preserve families to the extent possible. CPS seeks to fulfill these goals by identifying instances in which abuse or neglect has occurred and then providing or arranging for the provision of needed services for the victims and perpetrators of abuse. The remainder of this chapter provides background information on child protective services in Virginia, discusses the recent federal review of Virginia's CPS program, and provides statistics on CPS cases, victims, and perpetrators.

HISTORY OF CHILD PROTECTIVE SERVICES

The publication of a medical journal article in 1961 documenting child abuse as a widespread issue is largely regarded as a key event that resulted in public awareness of the problem of child abuse. The article, "The Battered Child Syndrome," by physician C. Henry Kemple, described how injuries of children brought to hospital emergency rooms were not consistent with explanations given by their caretakers. In response to the findings, the federal Children's Bureau held a symposium on child abuse, which led to its recommendation to begin enacting child abuse reporting laws. Over the five years following the symposium on child abuse, many states adopted their own mandatory reporting laws.

The lack of uniformity in state child abuse laws regarding reporting of child abuse was one of the primary factors that led to Congressional action to address child abuse and neglect at the federal level. In 1974, Congress enacted the Child Abuse Prevention and Treatment Act (CAPTA). This law provided states with funding for the investigation and prevention of child maltreatment, conditioned on states adopting particular policies. Since its initial passage, amendments to CAPTA and related legislation have expanded the scope of CAPTA to cover adoption and foster care policies, as well as to promote family preservation. CAPTA is discussed in more detail later in this chapter.

Following the enactment of CAPTA, in 1975, Virginia passed its own law establishing a State Child Protective Services (CPS) office. The law also required that local CPS units be established in each local department of social services. The local CPS units were given responsibility for reviewing reports of abuse and neglect, conducting investigations, and promoting the development of teams to coordinate the provision of medical, social, and legal services for families in which child abuse

occurred. Since 1975, these reviews and investigations of alleged child abuse and neglect, as well as the coordination of needed services, have remained the primary responsibilities of local CPS units.

FEDERAL REQUIREMENTS

In order to receive funding, state child protective services agencies must comply with federal program and reporting requirements. Generally, the federal program requirements allow states substantial discretion regarding the implementation of specific policies. However, the requirements have been increasing over time, and a recent change in how federal reviews are conducted increases the level of scrutiny that states receive by the federal government.

Child Abuse Prevention and Treatment Act (CAPTA)

CAPTA is the primary federal law governing CPS. Initially, CAPTA provided funding for states to address child maltreatment, if they adopted policies in certain areas such as mandatory reporting, reporter immunity, and confidentiality. CAPTA also required the creation of the National Center for Child Abuse and Neglect (NCCAN) to serve as a clearinghouse of information on the subject. Amendments to CAPTA since it was first enacted have established a nationally applicable minimum definition of child abuse and neglect and have required the development of a standardized national data collection system to collect information on various types of complaints and child fatalities.

The policies prescribed by CAPTA are generally broad, allowing states to enact their own statutes and policies. For example, states are required to develop procedures for investigating complaints, but specific procedures are not prescribed in the federal law. With regard to the definition of abuse and neglect, states must include death, serious physical or emotional injury, sexual abuse, or imminent risk of harm, but states may also include other types of abuse and neglect.

In a few areas, CAPTA mandates very specific program requirements. For example, states receiving grants for child abuse and neglect prevention and treatment programs must establish a minimum of three citizen review panels that must meet at least quarterly and prepare an annual report containing recommendations for improving CPS. (In Virginia, these panels are the Governor's Advisory Board, the Child Fatality Review Team, and the Board for Court Appointed Special Advocates). In addition, the appropriate state agency must respond in writing to each citizen review panel's report within six months. Federal law also requires that in every case involving an abused or neglected child which results in a judicial proceeding, a guardian ad litem with appropriate training must be appointed to represent the child. The guardian must obtain a first-hand understanding of the situation and make recommendations to the court regarding the best interests of the child.

States face extensive reporting requirements when they elect to receive funds authorized by CAPTA. For example, states receiving grants for child abuse and neglect prevention and treatment programs are expected to report, to the extent

practical, on 14 specific elements including the number of substantiated complaints, the number of false complaints, and the agency's response time with respect to the initial investigation following a complaint. States also are expected to report on the number of children who were the subject of a substantiated report of child abuse or neglect within five years of receiving family preservation services. The recently enacted federal review program places additional reporting and tracking responsibilities on states.

Structure of the Federal Review

The federal government reviews state child welfare programs to ensure compliance with federal rules. Since federal FY 2001, reviews have focused on seven outcomes for children and families in the areas of safety, permanency, and child and family well-being. In addition, reviews focus on seven systemic factors that impact states' capacities to deliver services. States that fail to achieve full conformity on these outcomes and factors are required to develop a program improvement plan and begin a full review two years after this plan is approved. States found to be in compliance undergo a full review every five years. While a major emphasis of the Child and Family Services Review (CFSR) is foster care, the safety and well-being outcomes, as well as four of the systemic factors, also apply to CPS.

Virginia's Performance on the Child and Family Services Review

In 2004, the federal government completed its first full review of Virginia's child welfare system under the new criteria and found that it is not in full compliance. As a result, Virginia currently is developing the required program improvement plan (PIP) that will outline specific actions to help the State achieve substantial conformity. Specifically, Virginia failed to achieve substantial conformity on four of the five outcomes and two of the four systemic factors that apply in part to CPS. Tables 1 and 2 provide descriptions of each measure, as well as additional information on Virginia's performance in these areas. Three of the outcomes, however, were substantially achieved in over 80 percent of the cases reviewed, falling slightly short of the 90 percent standard required in order to be in substantial conformity. In addition, several of the performance indicators used to assess these outcomes were rated as strengths of Virginia's child welfare program. Moreover, for the training factor, on which Virginia did not achieve substantial conformity, it appears that most of the areas found to be in need of improvement related to programs other than CPS. (It should be noted that for most of these outcomes and systemic factors, foster care cases and program components also were included in the review.)

Although Virginia did not achieve full conformity, it appears that the State's performance on most components of the federal review was consistent with those of a majority of states. Like Virginia, most states performed better on the systemic factors than on the outcomes. For each of the outcomes related to CPS on which Virginia was not in full conformity, fewer than 12 percent of states were found be in substantial conformity. For the quality assurance and agency responsiveness

Table 1

Virginia's Performance on the Outcomes of the Child and Family Services Review

Outcome Measures	% of Cases in Which Substantially Achieved	Substantial Conformity Y=Yes N=No
Safety Outcome 1 – Children are, first and foremost, protected from abuse and neglect: Children who were the subject of a CPS report are protected from future maltreatment. The extent to which children's safety is ensured is measured by evaluating the response times to new reports of abuse or neglect and the rate at which a finding of abuse or neglect occurs within six months of a previous finding.	85	N
Safety Outcome 2 – Children are safely maintained in their homes when possible: In cases of abuse or neglect, agencies prevent the removal of children from their homes when possible by providing appropriate services to families and identifying and reducing the risk of harm to the children in the home. Children who are at high risk of maltreatment despite services are removed.	81	N
Well-Being Outcome 1 – Families have an enhanced capacity to provide for children's needs: During ongoing services cases, child welfare staff provide appropriate services to families in order to enable them to protect their children. These services are identified through collaboration between the caseworker and the family. Once services have been initiated, CPS staff frequently meet with families in order to monitor the provision of services and children's safety.	66	N
Well-Being Outcome 2 – Children receive services to meet their educational needs: For children who have education-related needs, child welfare staff ensure that these needs are appropriately assessed and met.	92	Y
Well-Being Outcome 3 – Children receive services to meet their physical and mental health needs: Children's physical and mental health needs are accurately assessed, and treatment is provided in order to fully address these needs.	84	N

Note: Although the CFSR assesses seven outcomes, only those pertaining in part to CPS are included in this table.

Source: The Administration for Children and Families' *Final Report: Virginia Child and Family Services Review*, 2004.

to community factors on which Virginia achieved substantial conformity, the vast majority of states received similar ratings.

There were a few areas, however, in which Virginia's performance either exceeded or fell below the performance of a majority of states. For example, Virginia was among only 31 percent of states that achieved substantial conformity on the second well-being outcome. In contrast, while 65 percent of states achieved substantial conformity on the training factor, Virginia failed to achieve this level of performance. The tables in Appendix B provide greater detail on Virginia's performance across these outcomes and measures, as well as on how Virginia's performance compares to those of other states.

Differences Between the Federal Review and the JLARC Review of CPS

Differences in focus and methodology between the Child and Family Services Review of Virginia's child welfare system and the JLARC review of the State's

Table 2

Virginia's Performance on the Systemic Factors of the Child and Family Services Review

Systemic Factors	Rating (1-4)*	Substantial Conformity Y=Yes N=No
Quality Assurance System: The State developed standards and implemented practices to protect children who are victims of abuse or neglect and/or are in foster care. The State evaluates the effectiveness of its child welfare program in administering services through an established quality assurance system.	3	Y
Training: Staff development training is regularly provided to child welfare staff and prepares them to adequately perform their responsibilities.	1	N
Service Array: Services that meet the needs of families and children and help ensure the safety of children are readily available and accessible across the State. These services are individualized to meet the specific needs of families.	2	N
Agency Responsiveness to Community: The State collaborates with community agencies in order to develop and implement the Child and Family Services Plan (CFSP). Through this collaboration, progress reports documenting the effectiveness of service delivery are developed. Services outlined in the CFSP are coordinated with those offered through federal programs.	4	Y

Note: Although the CFSR assesses seven systemic factors, only those pertaining in part to CPS are included in this table.

*In order to achieve substantial conformity, a state must receive a rating of three or four on a four-point scale.

Source: The Administration for Children and Families' *Final Report: Virginia Child and Family Services Review*, 2004.

CPS program limit the comparability of the two studies. One substantial difference is in the scope of the studies. While the CFSR evaluated the State's overall child welfare system and included interviews with staff from several child welfare programs as well as a review of foster care cases and CPS ongoing services cases, the JLARC study focused exclusively on CPS. Therefore, even on those outcomes and factors that pertain at least in part to CPS, Virginia's ratings on several components of the federal review were substantially influenced by the State's performance across multiple child welfare programs that were not evaluated by JLARC staff.

For example, Virginia's failure to achieve substantial conformity on the training factor appears to be due largely to the lack of training requirements for new staff in child welfare programs outside of CPS. Similar to the findings of the JLARC review discussed in Chapter II, most stakeholders interviewed as part of the federal review indicated that the initial training provided to new CPS staff is of high quality. Such opinions, however, were not as widely expressed about the training available to new staff in other programs, and this contributed to Virginia's failure to achieve substantial conformity on this factor.

The federal and JLARC studies also varied by the types and number of cases that were reviewed. As previously indicated, the CFSR selected for review serious cases in which removal was required or ongoing services were provided. In contrast, JLARC staff reviewed a random sample of all types of CPS cases which

varied substantially in their severity. Only a small percentage of cases that were part of the JLARC sample involved ongoing services or removal of a child to foster care. Furthermore, while the CFSR reviewed a total of 50 cases across three localities, JLARC staff reviewed over 1,700 cases across 19 localities, and a statewide sample of 150 serious harm cases.

STATE POLICY GOALS AND STATUTORY REQUIREMENTS

The *Code of Virginia* and State regulations governing social services establish policy goals for protecting children against abuse and neglect as well as specific statutory requirements. The two major policy goals are to (1) protect children from future abuse or neglect who may be vulnerable to it, and (2) preserve the family life of parents and children whenever possible. These two major policy goals are captured in the four policy goals that are set forth in the *Virginia Administrative Code*:

- identify abused and neglected children,
- assure protective services to identified children,
- prevent further abuse and neglect, and
- preserve the family life of the parents and children, where possible, by enhancing parental capacity for adequate care.

The *Code of Virginia* sets forth clear requirements for addressing the problem of child abuse and neglect. Local social services departments are required to respond to all accepted reports alleging child abuse or neglect of children with either an investigation or family assessment. In addition, local CPS units are required to have the capability to receive complaints 24 hours per day, seven days per week. Along with investigating or assessing reports of abuse or neglect, child protective services units are required to provide or arrange for the provision of protective and rehabilitative services for children and families if funding is available.

State law also requires CPS to investigate reports of child abuse or neglect by caregivers of children that occur outside of the home. This includes alleged abuse or neglect in daycare centers, schools, group residential facilities, and hospitals or institutions. When there is a report of abuse or neglect in a facility that is regulated by another public agency, CPS is required to conduct a joint investigation of the report with the relevant regulatory agency.

The *Code of Virginia* requires certain persons to report suspected abuse or neglect that they observe in performing their work responsibilities. Persons who are mandated to report suspected abuse or neglect include: physicians, nurses, social workers, probation officers, teachers or other school employees, persons who provide childcare for pay, mental health professionals, law enforcement officers, and persons designated as court-appointed special advocates. Any mandated reporter who fails to make a report within 72 hours of their first suspicion of abuse or neglect is subject

to a $500 penalty for their first failure to report and penalties of up to $1,000 for each subsequent failure.

Under Virginia law, acts of child abuse or neglect may be prosecuted criminally. Any caretaker who causes serious injury to a child by their willful act or omission is guilty of a Class Four felony. "Serious injury" is defined to include disfigurement, fracture, severe burn or laceration, mutilation, maiming, forced ingestion of dangerous substances, or life-threatening internal injuries. Any adult responsible for the care of a child who commits a willful act or omission that demonstrates reckless disregard for the human life of that child is guilty of a Class Six felony.

DEFINITION OF CHILD ABUSE AND NEGLECT

Under Virginia law, there are five major categories of non-criminal abuse and neglect. They are: physical abuse, physical neglect, medical neglect, mental abuse or neglect, and sexual abuse. Each of these five categories is further defined in regulation and summarized in Exhibit 1.

The regulations set forth two types of physical abuse. The first is abuse that occurs when a caretaker intentionally inflicts or threatens to inflict physical injury on a child or intentionally allows physical injury to be inflicted. The second type of physical abuse occurs when a caretaker creates a substantial risk of death, disfigurement, or impairment of a child's bodily functions.

The regulations also define physical neglect. Physical neglect occurs when there is a failure by a caretaker to provide food, clothing, shelter or supervision of a

Exhibit 1

Categories of Child Abuse and Neglect

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.

Source: *Virginia Administrative Code*, 22 VAC-705-30.

child to the extent that a child's health or safety is endangered. Physical neglect is defined to include cases of abandonment and situations in which the parent is incapacitated or absent and thus is severely limited in his or her ability to perform child-care tasks. The regulations provide that when neglect is the result of poverty and there are no outside resources available to the family, the parent or caretaker will not be deemed to have neglected the child. Physical neglect may include multiple occurrences or a one-time critical or severe event that results in a threat to health or safety.

The regulations also define neglect to include medical neglect. This occurs when a caretaker fails to obtain or follow through with medical, mental, or dental care, and this failure could result in illness or developmental delays. Medical neglect also includes situations in which medically indicated treatment is withheld.

A fourth category of abuse and neglect defined in the regulations is mental abuse or neglect. This occurs when a caretaker intentionally inflicts mental injury on a child or intentionally allows mental injury to be inflicted. Mental abuse also occurs when a caretaker creates a substantial risk of impairment of mental functions. Diagnosis of "Failure to Thrive" syndrome in a child can also constitute mental abuse or neglect. Failure to Thrive can occur in infancy and early childhood when a child has growth failure, signs of severe malnutrition, and variable degrees of developmental retardation.

Finally, abuse is also defined to include instances of sexual abuse. Sexual abuse occurs when there is any act of sexual exploitation or sexual act upon a child. Committing sexual abuse or allowing it to be committed constitutes child abuse under Virginia law.

ORGANIZATIONAL STRUCTURE OF CHILD PROTECTIVE SERVICES

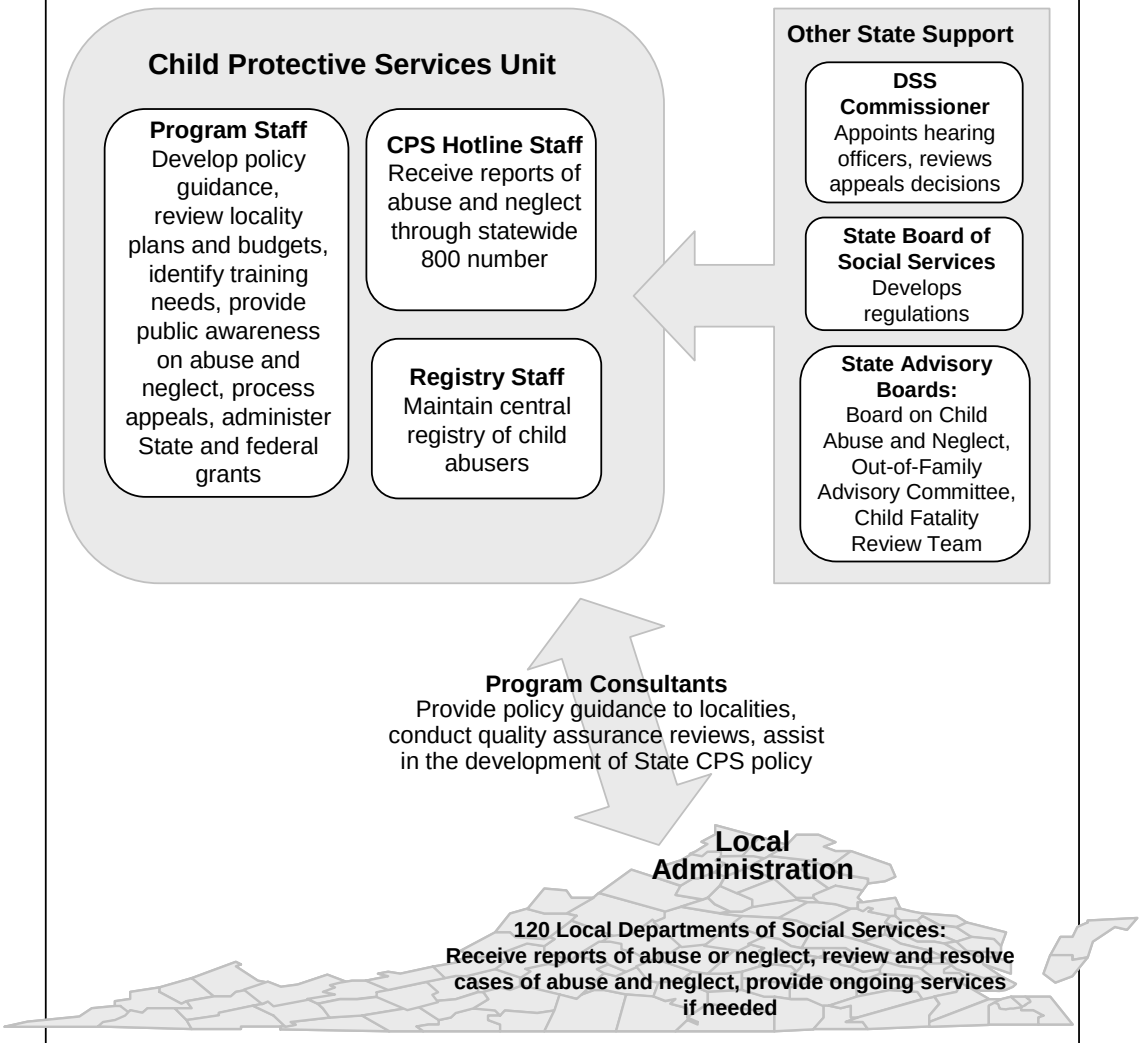
The Child Protective Services (CPS) program in Virginia is a State- supervised, locally-administered system. Under this organizational structure, the State assumes primary responsibility for developing statewide policy and establishing the investigative and assessment procedures for addressing allegations of child abuse or neglect. The authority for responding to alleged cases of child abuse or neglect and for providing services to children and families is delegated to local departments of social services (Figure 1). Other local agencies also have roles in CPS.

Organizational Structure of Child Protective Services at the State Level

At the State level, the Child Protective Services unit of the Division of Family Services is responsible for establishing CPS policy and for performing other supervisory functions. This State unit, which has 32 full-time and 16 P-14 positions, develops specific procedural guidelines for localities to follow when administering protective services to children. Additional duties of the State CPS program, as defined by the *Code of Virginia*, include:

Figure 1

Organizational Structure of Child Protective Services in Virginia



Source: JLARC staff analysis.

- maintaining a statewide information system on cases of child abuse and neglect (the system developed is the On-line Automated Services and Information System or OASIS);
- approving the annual plans and budgets proposed by localities;
- administering State and federal grants to localities;
- identifying local training needs;
- providing educational and public awareness programs on child abuse and neglect; and

- coordinating the efforts of CPS with the efforts of other agencies providing social, medical, and legal services.

The State also manages a statewide hotline that is staffed by social workers who receive reports of alleged child abuse or neglect and refer these reports to local CPS agencies.

The State CPS unit provides support to local agencies through six program consultants. These consultants report to the State CPS program manager and serve as liaisons between the State and local units of CPS. They provide policy guidance to localities, conduct quality assurance reviews, and assist in the development of State CPS policy.

The Commissioner of Social Services and the State Board of Social Services also have roles in the CPS process. The Commissioner is responsible for appointing hearing officers to preside over appeal cases brought before the State by individuals who received a founded disposition of abuse or neglect. In addition, the Commissioner currently reviews all the determinations made by the hearing officers in order to evaluate the appropriateness of their decisions. The State Board of Social Services develops regulations for the administration of child protective services.

State advisory boards also contribute to the operation of CPS. The Advisory Board on Child Abuse and Neglect examines issues pertaining to prevention and treatment programs. The Out-of-Family Advisory Committee advises the State Board on standards for out-of-family investigations. The State Child Fatality Review Team is directed by § 32.1-283.1 of the *Code of Virginia* to review and analyze "(i) violent and unnatural child deaths, (ii) sudden child deaths occurring within the first eighteen months of life, and (iii) those fatalities for which the cause or manner of death was not determined with reasonable medical certainty."

Organizational Structure of Child Protective Services at the Local Level

In Virginia, local CPS units are responsible for administering child protective services in accordance with the policies and procedures set forth by the State. There are 120 local departments of social services across the State, each of which offers child protective services under the direction of a department supervisor, or in smaller localities, the director of the department of social services. These CPS units, which are staffed with over 700 full-time positions, are mandated by State law to respond to alleged incidents of child abuse or neglect and provide services to children and families at risk of abuse. Specific duties delegated to localities include: receiving reports of alleged child abuse and neglect, investigating these allegations, and collaborating with families in an effort to prevent future maltreatment of children.

While local CPS units throughout the State assume the same functional responsibilities, differences in their organizational structures and staffing assignments exist. For example, 11 departments of social services are consolidated units in which two or more localities merged the operation of their local departments.

Under this type of structure, the administration of services is coordinated between the participating localities.

Localities also may vary in the number of full-time equivalents (FTE) they have performing CPS supervisory responsibilities. A majority of local CPS units have fewer than one FTE performing supervisory functions, but there are localities with at least one, and sometimes more than one, FTE performing these duties. For example, the City of Richmond has two CPS units, each of which has a full-time supervisor.

The responsibilities assigned to individual CPS caseworkers may differ from locality to locality as well. In larger departments of social services, CPS caseworkers may specialize in one particular CPS function, such as screening all incoming reports of alleged child abuse or neglect or providing families with ongoing services. In smaller departments, however, such specialization may not be feasible. Caseworkers in these departments may be responsible for multiple CPS tasks as well as other welfare functions within the social service agency.

Other Local Agencies Are Involved with Child Protective Services

In addition to the CPS units at the State and local levels, other community-based agencies also are involved in the administration of child protective services. For example, local law enforcement agencies and Commonwealth's Attorneys conduct independent investigations of cases in which the alleged abuser or neglector may have committed a criminal act. The following types of cases are required to be reported to local law enforcement and the Commonwealth's Attorney:

- fatalities;
- sexual abuse;
- abduction;
- real or threatened injuries in which a felony or Class One misdemeanor may have been committed;
- contribution to the delinquency of a minor; or
- felony or Class One misdemeanors in which a child was involved.

Because the responsibilities and actions of local CPS units and local law enforcement and Commonwealth's Attorneys may overlap in cases such as these, the *Code of Virginia* states that these agencies should establish a memorandum of understanding (MOU) when such an agreement is practical. The goal of the MOU is to facilitate communication and collaboration between agencies so that the protective needs of children are met. MOUs outline the roles each entity are supposed to assume in cases of child abuse and neglect, the protocol for handling certain types of cases, as well as the process by which misunderstandings between the entities will be addressed.

Several service providers in the local community also participate in the provision of child protective services. Mental health agencies, substance-abuse treatment centers, daycare providers, and family counseling agencies are some of the service providers that may be involved. If a local CPS unit is unable to provide a family with the services it needs, then the caseworker may refer the family to another service provider. For example, families requiring mental health services may receive these services through the local community services board. When necessary and if funding is available, a local CPS unit may purchase these services from external providers.

State law encourages, but does not mandate, local departments of social services to establish multidisciplinary teams, when practical, in order to coordinate the protective services provided to children by different agencies and professionals in the community. Members of multidisciplinary teams generally include law enforcement, legal, medical, mental health, social work, and education professionals. Localities may include other members on the team as well. In addition to coordinating services, team members work in a collaborative manner to support local CPS units and to minimize the trauma for children who are victims of abuse or neglect. These teams also help to identify victims and to raise public awareness about child abuse and neglect.

The court system is another entity that participates in CPS. Juvenile and Domestic Relations courts have the authority to issue emergency or preliminary removal orders when the removal of a child is necessary in order to keep the child safe. When such orders are issued, the court must determine who will assume custody of the child. These courts also issue emergency or preliminary protective orders in cases in which the removal of the child is not necessary, but certain conditions must be put in place in order for the child to remain safe. For example, courts may be petitioned by a local social service agency to order services for a family who otherwise refuses to accept them.

AUTOMATED SYSTEMS TO SUPPORT THE CPS PROGRAM

The Virginia Department of Social Services (DSS) uses the On-line Automated Services and Information System (OASIS) to automate processes and information associated with child welfare programs, such as adoption, foster care, and child protective services (CPS). It is a case management system that primarily is used by local social service workers. OASIS also provides some monitoring, management, and reporting functions for local supervisors and for State-level CPS staff.

History of OASIS

OASIS was implemented in 1997 in order to meet federal requirements for an adoption and foster care analysis and reporting system (AFCARS) and as part of a federal incentive for states to create state automated child welfare systems, referred to as SACWIS. Initially, only adoption and foster care cases were automated through OASIS. CPS cases were added to the system in 1999. Prior to this time,

CPS cases were recorded in the State's Child Abuse and Neglect Information System (CANIS).

OASIS is an adapted version of Oklahoma's statewide automated child welfare system (KIDS). DSS decided to use an existing system after a two-year-long procurement of a new system for Virginia was cancelled. The department had limited time to implement a system in order to meet the federal AFCARS requirement and determined that it needed to use an existing system to meet the deadline.

OASIS implementation did not run smoothly. Due to the immediate need for a statewide information collection system, DSS did not make necessary modifications or perform needed testing of the system prior to deployment. As a result, the system was not ready for use in Virginia when it was initially implemented. For example, the converted system contained Oklahoma localities, and some demographic data fields were specific to Oklahoma data collection requirements, such as the collection of Native American tribal information.

Another implementation setback was the loss of designated federal funds to support the system in the first year of operation. When DSS decided to cancel the procurement process and implement the Oklahoma KIDS system, it did not file the appropriate paperwork with the U.S. Department of Health and Human Services (HHS). Consequently, HHS denied the State's request for federal Title IV-E funds designated for hardware and other related expenditures. Therefore, DSS used a combination of social services block grant and general funds to cover the $9 million in expenditures during that time.

In December of 1999, co-chairs of the House Appropriations Committee requested that JLARC staff review OASIS as a result of concerns surrounding the implementation of the system. JLARC staff found that the OASIS system provided the basic functionality needed for recording foster care and child protective services case information and for reporting case data to the federal government. However, JLARC staff concluded that OASIS did not function adequately as a case management tool.

DSS has released several enhancements to the OASIS system that have helped resolve issues identified early in its deployment. The department continues to develop enhancements to the system, which are released approximately every six months. Version eight of OASIS was released in the summer of 2004. This version expands the automation of the CPS ongoing services component and provides enhanced printing options for caseworkers and supervisors.

Role of OASIS in the Provision of Child Protective Services

The primary role of OASIS is to provide a comprehensive automated case management system of record for adoption, foster care, and CPS. The system allows for the storage of most case information, assignment and approval of cases by supervisors, and the review of cases statewide to all be done electronically. The system also contains the State's Central Registry for founded CPS investigations, which al-

lows potential employers, court officers, and other officials to conduct background checks. In addition, it creates standardized data to be used for generating and reporting statistical information.

Case Management. OASIS maintains the majority of case information including client demographic data, interview notes, and case findings. Supporting documentation, such as court orders, medical examination records, photographs, and taped interviews, is maintained separately. OASIS provides supervisors with the ability to approve and assign cases electronically. For example, when a valid referral is entered into OASIS, the system then forwards the case to the supervisor for assignment to a caseworker.

In addition, OASIS allows caseworkers to search the system for prior cases of abuse and neglect by abuser and victim. Cases can be linked to create a history of abuse or neglect for a victim or abuser. DSS has also linked data from the legacy system (CANIS) to allow caseworkers to review case histories that involve incidents that occurred prior to the implementation of the CPS portion of OASIS in 1999.

Central Registry. The Central Registry contains a list of individuals who have been found to have abused or neglected a child pursuant to a CPS investigation. It is used primarily as a screening tool for (1) employers or nonprofit organizations, such as schools and child care centers, that are considering the application of prospective employees or volunteers who will come into contact with children; (2) agencies and organizations considering foster care and adoption applications; and (3) courts in assessing custody petitions. The Central Registry can be accessed only through receipt of a court order or with notarized consent of the individual whose name is to be searched. In FY 2004 the State CPS unit received 130,689 requests for searches of the Registry.

Reporting and Statistical Information. OASIS also provides some report functions for local and State DSS workers. Caseworkers can print case information for appeals. OASIS also provides a list of outstanding items for caseworkers and supervisors, such as cases that need to be closed, notices that need to be sent to an abuser, and other required case documentation. In addition, because OASIS is a statewide system, it can provide statistical data on cases of child abuse and neglect.

FUNDING FOR CHILD PROTECTIVE SERVICES

Funding to administer child protective services is comprised of federal, State, and local funds. It is provided as part of a general services allocation to localities. This allocation is provided to local departments of social services each year to pay for a variety of social services programs including CPS, adoption, foster care, and adult protective services. In FY 2005, local DSS offices will receive $105 million in general services funding, the bulk of which (65 percent) is provided through a patchwork of federal social welfare programs including funds from the Social Services Block Grant (SSBG), Title IV-E of the Social Services Act, and the Temporary Assistance to Needy Families (TANF) Block Grant. According to DSS, an additional 15 percent of this allocation is provided by State general funds. State funding has

remained constant in recent years with the exception of statewide increases for State and local employee salaries. Localities provide the remaining service administration funding through a required 20 percent local match.

Exact funding amounts for the CPS portion of the general services allocation are unknown. CPS is only one of several social services programs in Virginia funded through the allocation, and localities are not required to document the amount spent for each service. However, the amount allocated to CPS can be estimated using a federal cost allocation methodology, referred to as random moment sampling (RMS). RMS is performed by taking a statistically valid sample of employees in local DSS offices and asking them to record the amount of time they spend doing various activities. Based on this methodology, an estimated 20.5 percent of staff time is spent performing CPS activities. Therefore, in FY 2005 it is estimated that $21.5 million of the $105 million allocated for general services (.205 X $105 million) will be used to fund CPS. Table 3 provides the amounts of service administration funds provided to localities from FY 2000 through FY 2005, as well as the amount of funding used for CPS based on RMS estimates.

The proportion of general services funds currently allocated to each individual locality is the same as the proportions allocated to localities in 1991. According to State staff, there has been no effort to change the proportions allocated to each locality over the last 13 years, despite changing demographics that could be impacting workloads substantially.

Although localities are required to provide only a 20 percent match to the service administration allocation, many localities augment their funding for CPS to provide adequate staff and services. Some of the funding provided for staff and services (between 15 to 50 percent) may be reimbursable through other federal programs. One federal program, Title IV-E of the Social Security Act, provides funding for the prevention of children at risk of entering foster care. Some localities have determined that certain CPS activities, such as the provision of ongoing services, are eligible for Title IV-E funding.

Table 3

General Service Allocations and Estimated CPS Allocation
FY 2000-2005

Fiscal Year	Total General Service Allocation (in millions)	Estimated CPS Allocation* (in millions)
2005	$105.0	$21.5
2004	104.1	21.3
2003	103.0	21.1
2002	103.1	21.1
2001	100.2	20.5
2000	96.9	19.7

*Based on the estimate that 20.5 percent of allocations are spent on CPS activities, as determined by the Virginia Department of Social Services. Funding includes federal, State, and local dollars.

Source: JLARC staff analysis of data provided by the Virginia Department of Social Services

The extent of the additional funding allocated for CPS beyond the 20 percent local match and the number of localities providing supplementary funds for CPS are difficult to determine. Similar to the State, most localities do not maintain a specific CPS budget. Instead, CPS is part of a general service appropriation. Based on Title IV-E federal reimbursements provided to localities in FY 2004, it appears that approximately 65 percent of localities are spending local funds beyond the required 20 percent match to support their CPS programs. However, given that Title IV-E expenditures may be allocated to programs other than CPS, the specific amounts being spent on CPS by localities cannot be determined.

CHILD PROTECTIVE SERVICES PROCESS

Protective services are administered to children through a process consisting of safety and risk assessments, critical decision-making points, and the collection of information. Throughout the process, procedures are in place that are intended to protect the safety of children as well as the rights of families. In May 2002, the Virginia Department of Social Services implemented the Differential Response System (DRS) which established family assessments as an alternative approach to investigations for responding to valid reports of child abuse or neglect. The CPS process has three major stages: (1) intake, (2) investigation or family assessment, and (3) ongoing services. In addition, there is an administrative appeal process for cases in which there is a finding of abuse or neglect after an investigation. Figure 2 presents a flowchart of the CPS process.

Intake

When an allegation of child abuse or neglect is reported to CPS either at the local unit or through the State hotline, the local CPS unit must determine if the report is valid and, if so, the priority of the report and whether an investigation or assessment will be conducted. In order for a report to be validated, it must meet the following criteria, as outlined in the *Code:*

1. the alleged victim child or children are under the age of 18 at the time of the report;

2. the alleged abuser is the alleged victim child's parent or other caretaker;

3. the local department receiving the report is a local department of jurisdiction; and

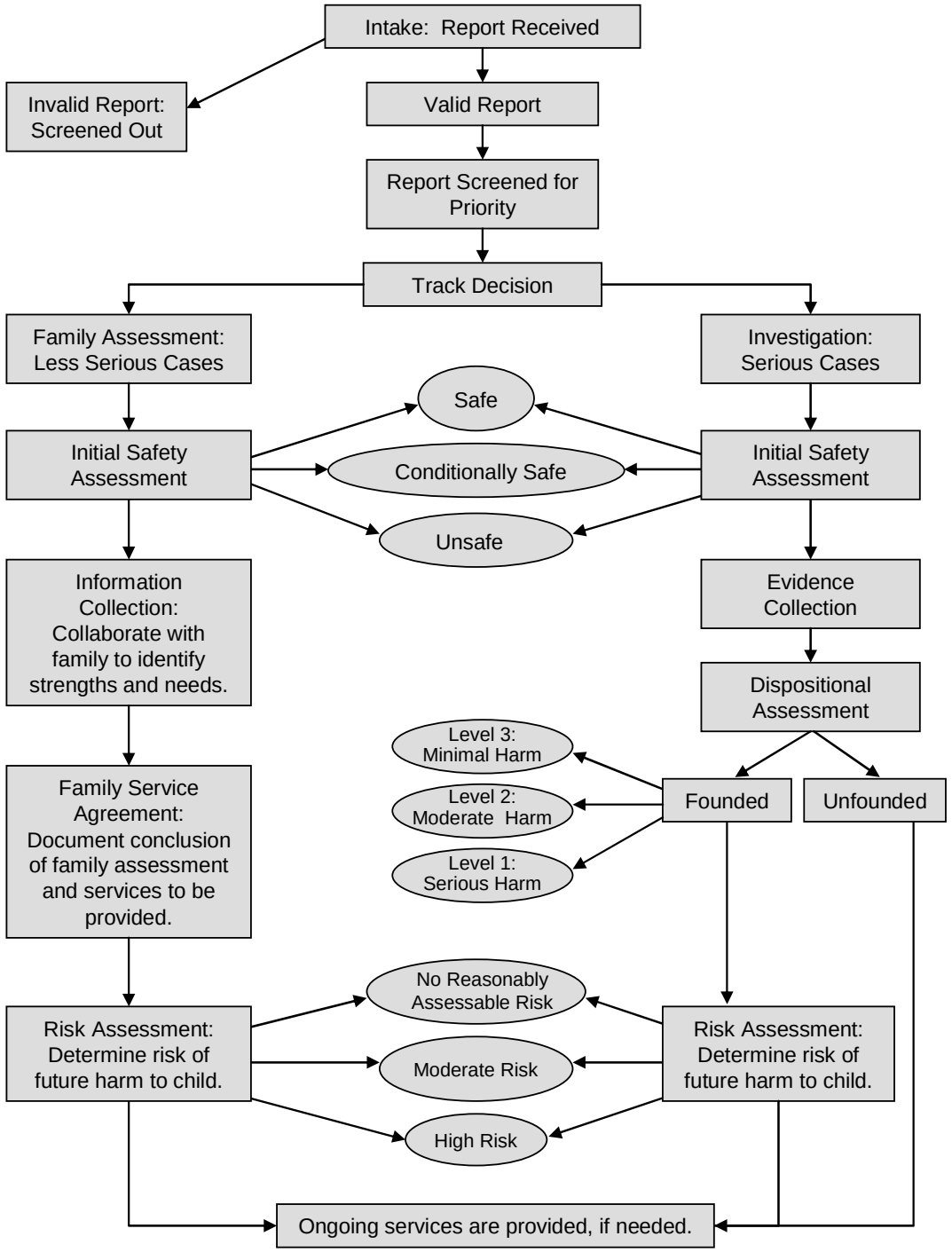
4. the circumstances described allege suspected child abuse or neglect.

Validated reports are referred for further review, while reports that fail to meet the above criteria are screened out.

The second step in intake is the screening of valid reports for priority. Intake staff evaluate the severity of the alleged abuse or neglect, the immediate dan-

Figure 2

Child Protective Services Case Process



Source: Department of Social Services' Child Protective Services Manual, Spring 2004.

ger to the child, the age and physical and mental condition of the child, the circumstances of the alleged abuse or neglect, and whether or not a mandated reporter made the referral. Based on these factors, reports may be designated as high priority complaints.

The final decision made during intake is the "track" decision. Under Virginia's Differential Response System, screened-in reports may be assigned to one of two response tracks: investigation or family assessment. When deciding which of the two tracks is appropriate for a case, CPS workers consider the history of abuse or neglect in the family, the type of abuse that is alleged, the age and vulnerability of the alleged victim, the extent to which the caretaker is violent, and the living conditions of the referred family. While localities may develop additional criteria, statewide policy emphasizes that the most serious allegations should be investigated. Specifically, the *Code of Virginia* mandates that allegations be investigated under the following circumstances:

- sexual abuse;
- child fatality;
- serious injury to the child;
- child is taken into agency custody or protective custody by law enforcement or medical doctor; or
- the alleged abuser serves in a caretaker role outside of the family in a designated setting. This can include private or public schools and state-licensed child day centers.

In addition to the requirements set forth in the *Code of Virginia*, CPS policy mandates that allegations be investigated if a family already has been the subject of a family assessment three times within one year and when there is alleged medical neglect of a disabled infant with a life-threatening condition.

Family assessments may be conducted when none of the circumstances requiring an investigation are present. For example, State policy suggests that cases in which a child suffers a minor injury and does not require medical attention, or cases in which the child is not supervised adequately but is not in immediate danger, may be conducted as a family assessment rather than an investigation. In tracking a case as a family assessment, the caseworker is making the assumption that cooperation and collaboration with the family is possible.

Investigations

Investigations are incident-focused inquiries into allegations of child abuse or neglect. Over the course of an investigation, caseworkers collect and gather evidence in order to determine the safety of the child, the risk of future harm posed to the child, and the services required for the child and family. Ultimately, caseworkers

must determine whether or not abuse or neglect occurred, and if it did, who perpetrated the abuse or neglect. This disposition is the primary feature that distinguishes an investigation from a family assessment.

Initial Assessment. When the caseworker makes the first meaningful contact with the family, an initial assessment of the safety of the child and the needs of the family is completed. The caseworker evaluates whether or not the child is in immediate danger and assesses the ability of family members to protect the child from future harm. Throughout this process, the caseworker considers five elements of safety: the threat posed to the child, the potential harm to the child, the severity of the situation, the vulnerability of the child, and the imminence of danger. After documenting the observed safety and protective factors present in the home, the caseworker makes one of the following three safety determinations:

- *Safe* - The child is not in immediate danger of moderate or serious harm;
- *Conditionally Safe* - With certain interventions, the child is safe; or
- *Unsafe* - The child is in immediate danger, and removal of the child from the home is required.

If the child is determined to be either conditionally safe or unsafe, the caseworker must develop a safety plan that documents the immediate actions to be taken in order to protect the child.

Evidence Collection. The next step in the investigative process is the collection of evidence and information. During this phase, the caseworker focuses on developing a case narrative that documents facts related to the alleged incident, the victim, the alleged abuser, and the victim's family. In order to ascertain these facts, the caseworker conducts interviews with the alleged victims, the alleged abusers, and other individuals who might possess information relevant to the investigation when possible. The caseworker also reviews applicable police or medical reports and visits the child's home and the alleged site of the abuse.

Disposition. After the evidence is collected, the caseworker makes a dispositional assessment based on the facts of the case. This assessment is an official determination of whether or not the alleged abuse or neglect occurred, and if it did, who committed the abuse or neglect. A founded disposition must be made when a preponderance of the evidence demonstrates that abuse or neglect did occur as a result of the action or inaction of the abuser or neglector. A case is determined to be unfounded if there is not a preponderance of evidence that abuse or neglect occurred.

Classification of Founded Dispositions. Caseworkers must classify founded dispositions as one of three levels according to the severity of the abuse or neglect. Cases in which the abuse or neglect resulted in serious harm or the threat of serious harm to the child are classified as founded "level one" dispositions. Cases in which the abuse or neglect resulted in moderate harm or the threat of moderate harm to the child are classified as founded "level two" dispositions. Finally, cases in

which a child suffered only minimal harm or the threat of minimal harm are generally classified as founded "level three" dispositions.

The names of those individuals found to have abused or neglected a child are maintained in a database referred to as the Central Registry. The purpose of the Central Registry is to provide access to the names and identifying information of these individuals to agencies that employ individuals who care for or teach children. The name of the abuser or neglector remains in the Central Registry for 18 years if it is a founded level one disposition; seven years if it is a founded level two disposition; and three years if it is a founded level three disposition.

Risk Assessment. If an investigation results in a founded disposition, a risk assessment is conducted in order to determine the extent to which the child is in danger of future maltreatment. In conducting the risk assessment, caseworkers are required to consider the evidence and their observations of risk-related factors pertaining to the abuse or neglect, the child, the caretaker, and the family. Caseworkers must then categorize the risk of future harm to a child according to one of the following classifications:

- *High Risk* – Future abuse is likely and intervention is necessary;
- *Moderate Risk* – Future abuse may occur, but minimal intervention will likely produce a change in the situation; or
- *No Reasonably Assessable Risk* – Child is not at any reasonably assessable risk of future abuse or neglect, and no further intervention is required.

Based on the interventions identified in the risk assessment, the caseworker may recommend protective and rehabilitative services for the victim, the abuser or neglector, and the family. After the assessment is completed and services are identified, the investigation is closed.

Family Assessments

The family assessment track, which was made available to localities when the Differential Response System was implemented statewide in May 2002, includes many of the same procedures as an investigation. The initial safety assessment, the case narrative, and the final risk assessment that are developed during an investigation also are developed during a family assessment. For each of these procedures, the goals of the family assessment and the investigation are similar: to protect children from harm and to preserve the family when possible.

In family assessments, however, caseworkers do not make a founded or unfounded disposition. This represents the fundamental difference between the family assessment track and the investigation track. During a family assessment, the caseworker encourages the family to become actively involved in the process and to build upon its existing strengths. Through this participatory approach, family as-

sessments are intended to make families feel less threatened by CPS and more receptive to obtaining services. The caseworker and the family address the family's strengths and needs as they relate to the children, the parents or caretakers, the environment in which the family lives, and the support systems available to the family. At the conclusion of a family assessment, a family services agreement is created that incorporates both the caseworker's and, if they are cooperative, the family's perceptions of the situation. This document provides feedback to the family and details the identified strengths of and the services needed by the family.

Removal of Children

An option available to CPS when conducting family assessments or investigations is to petition the court to remove children from their homes. Removal is sought only in the most serious cases of abuse or neglect, and the *Code of Virginia* stipulates that certain criteria must be met in order for this petition to be granted. CPS may petition the court for removal if the lives of children are assessed to be in imminent danger, or if it is assessed that they face an imminent threat of severe injury. Removal may only occur, however, if less drastic alternatives are not available and if reasonable efforts have been made to prevent such removal. In addition, CPS policy mandates that caseworkers consult with their supervisors in cases in which removal is being considered. In cases in which caseworkers determine that children face an imminent threat to their lives or health before a court hearing could occur, caseworkers may conduct an emergency removal without a court order. A removal hearing must occur within five days of the removal.

Ongoing Services

If the caseworker determines that a family requires additional services and monitoring by CPS after the completion of an investigation or a family assessment due to a continued risk of harm to the child, CPS has responsibility for coordinating and providing such ongoing services. A family may receive a continuum of services to the extent that funding is available. Services may be recommended for abusers, victims, and families in an effort to prevent future abuse and to preserve the family. The caseworker develops a service plan for the family based on the needs identified in the risk assessment. This plan documents the actions to be taken and the services to be provided in order to address the family's needs and prevent future maltreatment. If a family refuses to accept the recommended services, the local DSS department may petition the court to order services.

Throughout the ongoing services phase, a caseworker monitors the family's compliance with the service plan and periodically meets with the family in order to review and amend the services provided. While previous CPS policy stipulated that these meetings occur once every three months, as of FY 2005, caseworkers must make face-to-face contact with families at least once a month. From the JLARC review of cases, it appears that the length of time for which ongoing services cases are open varies according to the needs and cooperation of the family. While some of the cases reviewed remained open for more than a year, other cases were closed within a few months of services being initiated.

Appeals

For investigations that result in founded dispositions, there is a three-tier appeal process that includes administrative appeals at the local and State levels and then a circuit court appeal. The first step in this process is the local conference, which is conducted at the local department of social services. The *Code of Virginia* stipulates that this conference must be presided over by the director of the department or someone whose responsibilities do not include substantial involvement in child abuse and neglect cases. During this informal conference, the case record is reviewed and the appellant or the appellant's attorney may present additional evidence. Following the conclusion of the local conference, a written decision is issued by whomever presided over the conference.

The next tier in the appeal process is the State administrative appeal. A hearing officer appointed by the Commissioner presides over this hearing, and both the appellant and the local department may be represented by attorneys. During this hearing, the local department must demonstrate that the evidence collected in the investigation provides a reasonable basis for the founded disposition. Based on the information presented at the hearing, the presiding officer will issue a written decision that sustains, amends, or overturns the founded disposition made by the local CPS unit.

The final level of appeal available to the appellant is judicial review by the circuit court. Once the appeal process reaches this tier, the local department prepares a written transcript of the case history and has no further right of review.

CHILD ABUSE AND NEGLECT STATISTICS

Over the past three years, the State has averaged more than 55,000 reports of abuse and neglect per year. However, only a small percentage of these reports result in a founded case against the abuser. An even smaller number of cases involve serious harm to a child. The State's child abuse and neglect rate is lower than the national average. However, Virginia's child fatality rate as a result of abuse or neglect is higher than average. The majority of cases reviewed by CPS involve physical neglect. Conversely, the majority of child fatalities are the result of physical abuse. This section provides case statistics regarding how cases are processed and resolved. In addition, it provides statistics regarding the victims and perpetrators of abuse and neglect.

Case Statistics

In FY 2004, the State received over 58,000 reports of child abuse or neglect. About 55 percent of those reports were accepted for further review. More than half of the accepted cases were reviewed as family assessments. One quarter of the cases accepted were investigated and determined to be unfounded based on the preponderance of evidence standard. A smaller percentage of cases were reviewed as investigations and determined to be founded. This section provides summary statistics regarding reports of abuse or neglect as well as case results.

Accepted Cases of Abuse and Neglect. Almost two-thirds of accepted reports of abuse or neglect originate from mandated reporters (Table 4). Approximately, sixty-five percent of the reports of abuse or neglect in FY 2004 were made by professionals or other personnel required by law to make such reports. School officials made the most reports of any mandated reporters followed by legal/law enforcement personnel.

The number of CPS cases accepted and resolved over time has remained relatively stable. With the exception of the three-year period between 1999 and 2001, the number of cases reviewed each year since 1996 has been between 30,000 and 34,000 (Figure 3). In 2004, CPS accepted and resolved 31,547 cases.

The number of cases reviewed for alleged abuse or neglect per 1,000 children varies substantially across the State (Figure 4). In FY 2004 the number of cases accepted for review per 1,000 children ranged from as few as few as 0 to as many as 65 cases per 1,000 children. The highest rates of accepted cases per 1,000 children were in the northwestern and southwestern regions of the State as well as in the Lynchburg-Roanoke area.

Of the cases accepted for review and resolved in FY 2004, 61 percent were handled as family assessments. As discussed earlier in this chapter, family assessments are intended to be less adversarial than investigations. These are typically less serious cases in which the CPS worker attempts to identify the family's strengths and needs and provide any necessary services. The proportion of cases reviewed as family assessments and as investigations has significantly changed over

Table 4

Referral Source for Accepted Reports of Child Abuse or Neglect
FY 2004

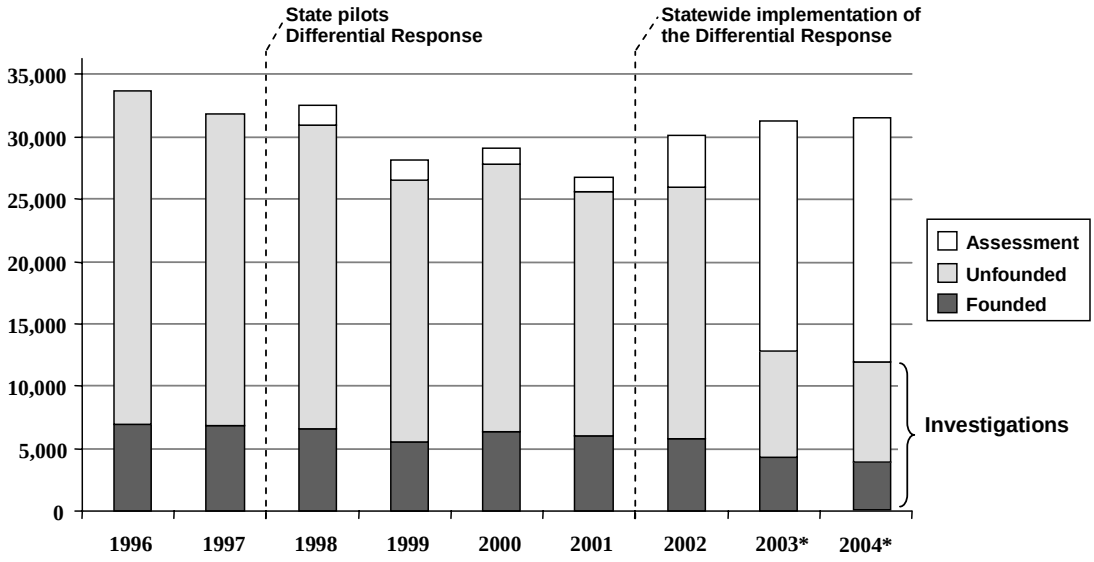
	Percent of Cases
Mandated Reporters*	
School Personnel	19
Legal, Law Enforcement, or Criminal Justice Personnel	17
Medical and Mental Health Personnel	15
Social Services Personnel	7
Other**	7
Non-Mandated Reporters	
Parent or Relative	17
Anonymous	11
Friends and Neighbors	5
Other***	2

*Mandated reporters: individuals required by law to report suspected abuse and neglect.
** Other may include: licensing workers, program consultants, or mediators.
***Other may include: clergy, ex-spouses, or foster siblings.

Source: JLARC staff analysis of CPS cases closed during FY 2004. Data provided by the Virginia Department of Social Services OASIS System.

Figure 3

Child Protective Services Reports Accepted and Resolved FY 1996-FY 2004

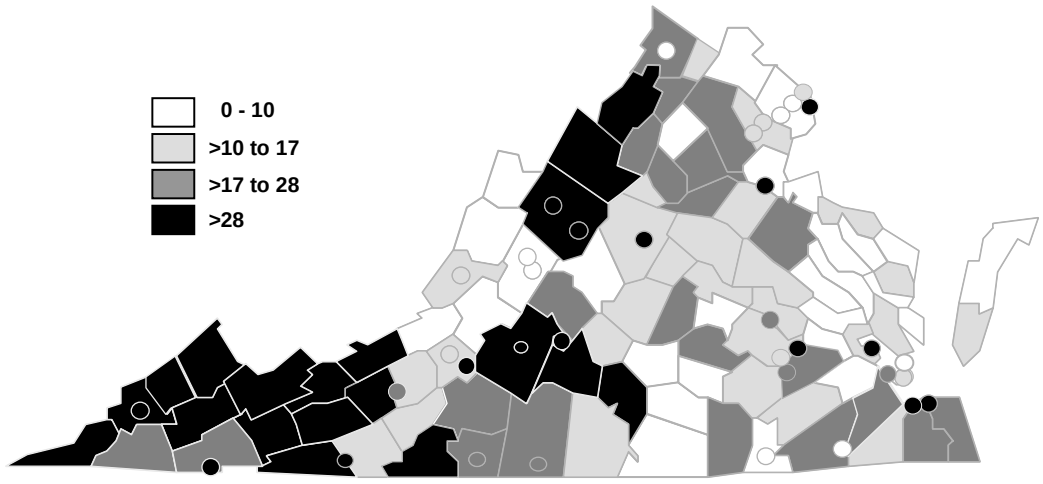


* The dramatic increase in the cases treated as family assessments and the decrease in the cases investigated are a result of the statewide implementation of the CPS Differential Response System.

Source: Virginia Department of Social Services.

Figure 4

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



Note: For those localities that share a CPS unit, a rate could not be calculated for each locality individually, but, instead, a single rate was calculated for all localities served by that unit.

Source: JLARC staff analysis of data on cases closed in FY 2004. Data provided by the Virginia Department of Social Services.

the last six years. Since the implementation of the Differential Response System, which was introduced first as a pilot program in 1998 and then statewide in 2002, the number of family assessments has steadily increased, and the number of investigations has declined. The number of reports handled as family assessments increased from 1,628 in 1998 to 19,326 in 2004. During the same time period, the number of cases investigated steadily declined from 30,848 in 1998 to 12,221 in 2004.

Investigations of Abuse or Neglect. Less than 40 percent of the cases accepted and resolved in FY 2004 were investigated. More investigations result in an unfounded disposition than a founded one. Sixty-three percent of cases investigated were determined to be unfounded by CPS staff, while only 37 percent of the cases received a founded disposition. While almost two-fifths of the cases investigated resulted in a founded determination, a much smaller percentage of the total number of cases accepted and resolved resulted in a founded disposition. Of the cases in which there was a finding of abuse or neglect, the most frequent level of finding was a level three, followed by a level one. Six percent of the cases reviewed resulted in a level three finding, while less than five percent resulted in a level one finding indicating serious harm to the child. Figure 5 (next page) shows these case statistics for FY 2004.

Although the number of investigations has decreased, the proportion of investigations in which there is a finding of abuse or neglect has increased over the last eight years from 19 percent in 1995 to 37 percent in 2004. This increase appears to have occurred at least partially as a result of the implementation of the Differential Response System (family assessment track). Less severe cases that were previously investigated and determined to be unfounded are now often reviewed as family assessments. This shift of unfounded cases to the family assessment track has increased the proportion of founded cases.

Appealed Cases. The percentage of State administrative appeals has remained fairly constant over time (Table 5). A case may be appealed only if there has

Table 5

State Appeals of Child Protective Services
Founded Cases (FY 2000 - FY 2004)

	2000	2001	2002	2003	2004
Appeals	284	285	363	222	177
Founded Cases	6,365	5,963	5,708	4,286	4,509
Appeals as a Percent of Founded Cases	4%	5%	6%	5%	4%

Note: Appeals percentages are estimated based on the number of appeals in a given year divided by the number of founded cases in the same time period.

Source: JLARC staff analysis of data provided by the Virginia Department of Social Services.

Figure 5

Child Protective Services Case Statistics FY 2004

Source: JLARC staff analysis of "CPS Referrals and Findings: 7/1/2003-6/30/2004." Data extracted from the DSS OASIS system.

Accepted and Resolved Cases 31,547

61% (19,326) → ***Family Assessment Initiated***

39% (12,221) → **Investigation Initiated**

Disposition: Unfounded

25% (7,712)

14% → **Disposition: Founded (4,509)**

Level One = ***Serious Harm to the Child***

Level Two = ***Moderate Harm***

Level Three = ***Minimal Harm***

Level 1 Finding 4.6% (1,455)

Level 2 Finding 3.7% (1,169)

Level 3 Finding 6.0% (1,885)

been a founded disposition. On average, between four and six percent of founded cases have been appealed over the last five years.

Victim Statistics

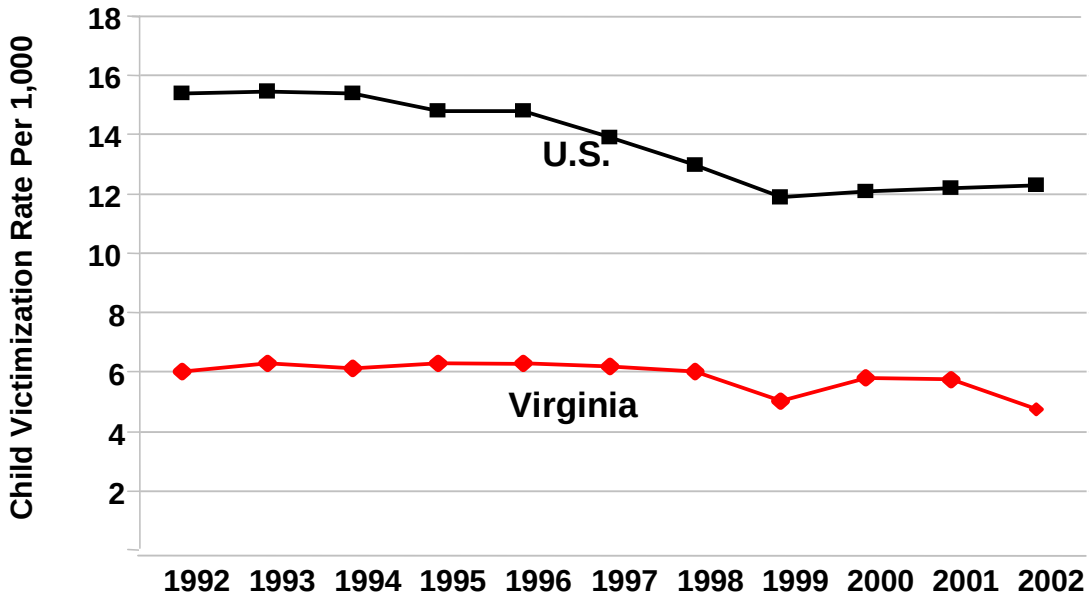
Virginia's child abuse and neglect rates are significantly lower than the national average. However, the State's child fatality rates are higher than the national average. Physical neglect is the most common type of case reviewed by CPS. Physical abuse is the most common cause of child fatalities that result from abuse or neglect. The following section provides victim statistics for founded cases of child abuse or neglect and child fatalities.

Victim Data for Founded Cases of Abuse or Neglect. Virginia's rate of child abuse or neglect per 1,000 children has been consistently lower than the national average (Figure 6). From 1992 to 2002, Virginia's child abuse and neglect rate has averaged approximately 5.5 per 1,000 children. The national average has been significantly higher. During the same time period, the national average rate of child abuse and neglect has been approximately 14 victims per 1,000 children.

There are at least two possible explanations for Virginia's low rates of abuse. First, Virginia's economic, health, and safety statistics are typically better than the national average, which may affect abuse and neglect rates. Second, Virginia's definition of abuse and neglect is narrower than other states' definitions. For example, some states include lack of education and immunizations for children as forms of neglect, while Virginia does not.

Figure 6

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



Note: Based on founded cases of abuse or neglect and does not include children involved in cases reviewed as a family assessment.

Source: Graphic provided by the Virginia Department of Social Services.

There has been a downward trend in the abuse and neglect per capita rate both nationally and at the State level in recent years. Virginia's abuse or neglect rate decreased from 4.3 in FY 2002 to 3.7 victims per 1,000 children in FY 2004. This appears to be a result of the implementation of the family assessment track and not necessarily a reduction in the level of abuse and neglect. Abuse and neglect rates are based on children with founded cases of abuse or neglect and do not include children that are served in the family assessment track.

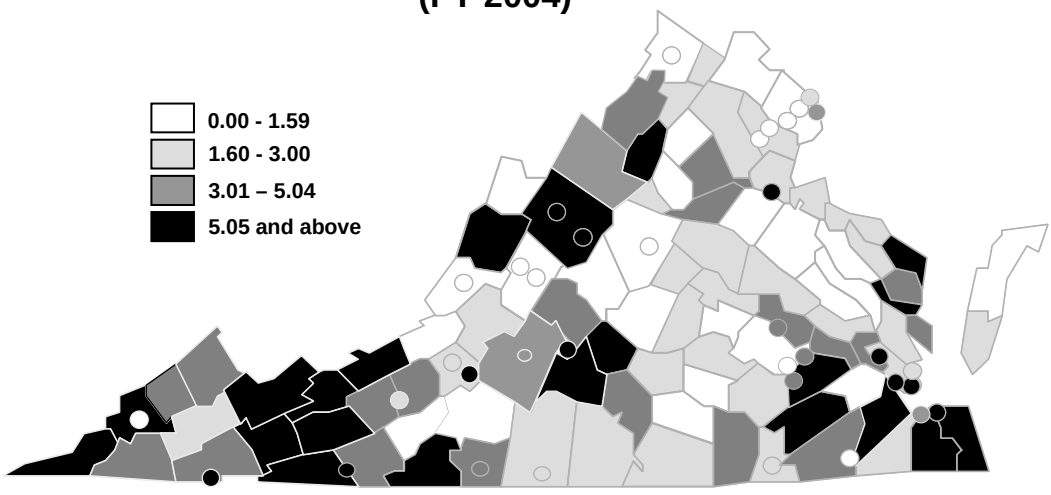
The rates of abuse and neglect vary substantially across localities. Localities in the southwestern and southeastern regions of the State had the highest rates of abuse and neglect per 1,000 children in FY 2004 (Figure 7). There are more cases of physical neglect than of physical abuse. In 2002, more than half of founded investigations nationwide involved a finding of neglect (Table 6). Twenty-nine percent of the founded cases involved physical or sexual abuse.

In comparison, Virginia had a similar percentage of physical and medical neglect cases (62 percent), but a higher percentage of abuse cases. Forty-three percent of cases involved physical or sexual abuse. Differences may result at least partially from variations in the definitions of the categories of abuse and neglect at the national and State levels and in the use of the family assessment track.

Both at the national and State levels, abuse rates do not vary substantially by age and sex of the victim. While younger children tend to be abused or neglected more frequently than older children, a substantial percentage of abuse occurs at all ages through age 15 (Table 7). A slightly greater percentage of females than males are victims of child abuse and neglect both nationally and in Virginia.

Figure 7

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



Note: For those localities that share a CPS unit, a rate could not be calculated for each locality individually, but, instead, a single rate was calculated for all localities served by that unit.

Source: JLARC staff analysis of data on founded cases closed in FY 2004. Data provided by the Virginia Department of Social Services.

Table 6

Rates of Abuse, by Abuse and Neglect Type

	National 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

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

Source: National data provided by "Child Maltreatment, 2001." US Department of Health and Human Services, Administration on Children, Youth, and Families: Children's Bureau. Virginia data based on JLARC staff analysis of data provided by Virginia Department of Social Services.

Table 7

Age and Gender of Victims of Child Abuse and Neglect

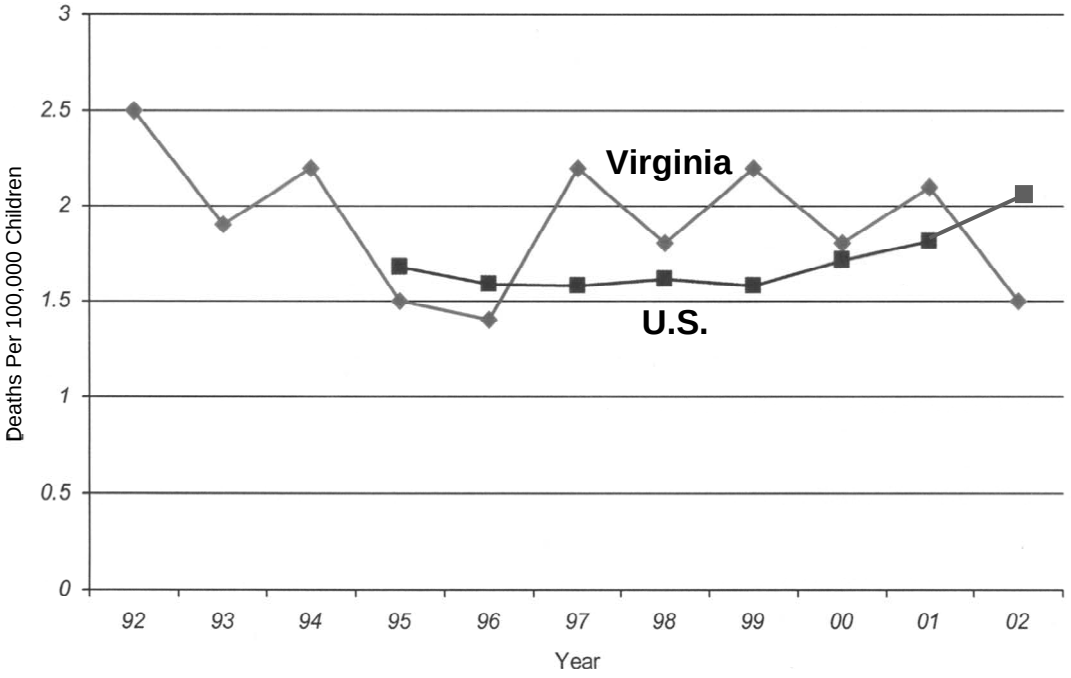
	National Calendar Year 2002 (Percent)	Virginia FY 2004 (Percent)
Age		
0-3	28	29
4-7	24	23
8-11	22	21
12-15	20	20
Over 16 or unknown	6	7
Gender		
Male	48	47
Female	52	53

Source: National data provided by the US Department of Health and Human Services, Administration on Children, Youth, and Families: Children's Bureau "Child Maltreatment, 2002". Virginia data based on JLARC staff analysis of data provided by Virginia Department of Social Services.

Data on Child Fatalities Resulting from Abuse or Neglect. Despite Virginia's low victimization rate per capita, the State's child fatality rate as a result of abuse or neglect is typically higher than the national average (Figure 8). Child fatalities as a result of abuse or neglect in the State have fluctuated over the last 10 years, but ranged between 1.4 and 2.5 deaths per 100,000 children. One factor that may at least partially explain the variation in rates between Virginia and the nation as a whole is that in some states CPS only investigates reports of child fatalities in which there are other children living in the home, whereas in Virginia CPS investigates all reports of child deaths.

Figure 8

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



Source: Graphic provided by the Virginia Department of Social Services.

In 2003, 31 children died in Virginia as a result of abuse or neglect (Table 8). More children died from physical abuse (22 children) than neglect (9 children). The leading cause of death was battering (10 children) followed by shaking (5 children). Other causes that resulted in more than one death included: malnutrition, drowning as a result of neglect or abuse, and asphyxia.

Table 8

Virginia Child Protective Services Child Fatality Statistics
FY 2003

	Number (31 children)
Cause of Death	
Physical Abuse	22
Physical Neglect	9
Age of Victim	
Birth-12 months	15
1 year-2 years	10
3 years+	6
Gender	
Male	17
Female	14

Source: Data provided by the Virginia Department of Social Services.

Fatality rates from abuse and neglect varied by age, race, and sex based on 2003 Virginia data. Young children had the highest fatality rate from abuse and neglect. In 2003, 25 of the 31 children who died were two years old or younger. In addition, the number of deaths as a result of abuse and neglect was higher for boys (17 children) than girls (14 children).

Perpetrator Statistics

Perpetrators of abuse or neglect are often a parent or caregiver of the victim. The age and gender of perpetrators of abuse or neglect do not vary substantially between the statewide and national data. A perpetrator is usually between the ages of 20 and 39 years old. Table 9 provides statistical data on perpetrators by relationship, age, and gender. Based on national and statewide data, the vast majority of perpetrators of abuse or neglect are a parent of the victim. In addition, a higher proportion of perpetrators are females, though only by two percent in Virginia.

Table 9

Virginia Child Protective Services Perpetrator Statistics

	National Calendar Year 2002 (Percent)	Virginia FY 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
Sex		
Female	58	51
Male	42	49
Age		
Under 20	5	5
20-29	33	32
30-39	40	37
40-49	17	16
Over 49 or unknown	5	10

*Other may include: foster parent, group home or residential staff, daycare provider, or legal guardian.

Source: National data provided by the US Department of Health and Human Services, Administration on Children, Youth, and Families: Children's Bureau "Child Maltreatment, 2002." Statewide data based on JLARC staff analysis of data provided by Virginia Department of Social Services.

CASE EXAMPLES OF CHILD ABUSE AND NEGLECT

Abuse and neglect cases are often complex and involve multiple factors and dynamics. The abuse or neglect can involve a variety of caretakers that may include parents, siblings, or babysitters that engage in a wide-range of abusive or neglectful activities in a variety of circumstances. The following are some case examples that illustrate the types of cases CPS workers are called upon to handle and actions taken by CPS workers in these cases.

Family Assessment Case Examples

As discussed earlier, cases that appear to be less serious are generally tracked as family assessments in which the focus is on providing services, and there is no disposition regarding the alleged abuse or neglect.

> ***Physical Abuse:*** *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.*
>
> ***Physical Neglect:*** *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.*

Founded Investigation Case Examples

As discussed earlier in this chapter, more serious cases tend to be handled as investigations. The following are examples of physical neglect and abuse cases.

> ***Physical Neglect (level three-minor harm)****: A mother left a one-year old baby with a neighbor stating that she was going to the store. After several hours, the mother had not returned. The neighbor did not know the mother or child's name, and decided to call CPS and the police. The mother returned to the home as the police and CPS arrived. The mother had a crack pipe in her possession and appeared to be high.*
>
> ***Physical Neglect (level one-serious harm)****: 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.

Physical abuse (level three-minor harm): *A six-year old boy was beaten with a belt by his mother. The child had bruises on his arms and legs. The mother admitted to feeling overwhelmed with starting a new job working nights and frustrated with her son's disobedient behavior. The mother agreed to receive ongoing services to help her in dealing with her son.*

Physical abuse (level one-serious harm): *A stepfather admitted to punching his two-year old son in the face causing the child to receive 17 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 workshops through his work.*

JLARC REVIEW

The JLARC study of child protective services has involved a review of the CPS process in order to assess whether the program in Virginia is meeting its statutory responsibilities to protect children from future abuse and neglect while preserving families whenever possible. The study was in response to direction from the Commission in December 2003 that a review of the CPS program be conducted and to House Joint Resolution 193, enacted by the 2004 General Assembly, which requested JLARC staff to assess effective prevention and early intervention services delivered through the State's social services system. JLARC staff developed the following issues to be addressed:

- Are reasonable decisions being made in alleged child 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 the staff resources necessary to fulfill their mission and statutory responsibilities?

- Does the State provide adequate support to localities?

- Is there adequate coordination and collaboration between CPS units and other local governmental entities in fulfilling CPS goals and statutory responsibilities?

- Are there patterns or trends regarding abuse and neglect cases in Virginia that warrant further review?

This study has examined these issues through a variety of research activities.

Research Activities

A number of research activities were undertaken to explore the study issues. These activities included a review of CPS programs in 19 localities, a serious harm file review, data analysis, structured interviews, a survey of local CPS units, attendance of meetings and hearings, attendance of training, literature and document reviews, and accompanying CPS caseworkers.

Locality Review. One of the major research components of this study was a review of the CPS programs in 19 localities in Virginia. These localities were selected based on a variety of factors including their geographic location and population density. (Appendix C provides a profile of the localities selected for review.) This local review included an examination of about 1,700 CPS cases, interviews with supervisors and CPS coordinators in each locality, and a survey of the CPS caseworkers. In addition, JLARC staff interviewed Juvenile and Domestic Relations judges in each locality as well as community services board staff. The primary purpose of this locality review was to assess the effectiveness of the CPS program in each of these localities and whether these programs are meeting their statutory responsibility to protect children and preserve families.

Serious Harm Analysis. JLARC staff also conducted an analysis of a random sample of cases closed in FY 2003 that had a level one finding of abuse. The sample, which was 150 cases, represented ten percent of the founded level one cases closed statewide in FY 2003. The review involved an analysis of all prior cases or reports of abuse or neglect involving the same victim or abuser. The primary purpose of this analysis was to evaluate whether CPS made reasonable decisions and took reasonable actions to prevent the serious harm that ultimately occurred.

Analysis of OASIS Data. JLARC staff analyzed statewide OASIS data in a variety of areas to determine averages and trends. To conduct this analysis, staff requested OASIS data on cases closed in FY 2004. Although this dataset included over 140 fields of demographic and case specific information, analysis of this data indicated that a majority of these fields are not required to be completed by local DSS staff, and therefore, contained insufficient data.

In the fields that contained adequate data, JLARC staff calculated statewide averages and determined whether trends or patterns exist in cases of abuse or neglect among localities, types of cases, types of abuse or neglect, or demographic populations. JLARC staff used correlation analysis to determine the relationship between multiple variables and economic factors. A summary of notable trends and averages were presented in the Child Abuse and Neglect Statistics section of this chapter.

Structured Interviews. Along with the interviews conducted as part of the locality review, JLARC staff conducted interviews with staff in the State Department of Social Services. This included interviews with the Commissioner of the Department of Social Services, CPS program staff, as well as OASIS staff. The primary purpose of these interviews was to discuss the support provided by the State office to the local CPS units. Interviews were also conducted with four DSS staff who serve as program consultants. These interviews were conducted to discuss policy issues related to CPS as well as to gain their perspective regarding the effectiveness of the local CPS programs and the adequacy of the support provided to local CPS units by the State.

Survey of CPS Units. A survey was conducted of all 120 local CPS units in Virginia. The survey requested that each unit provide information on staffing and caseloads, funding, State support, availability and accessibility of services, and the level of collaboration with other agencies. JLARC received responses from 115 of the 120 CPS units.

Attendance of Meetings and Court Hearings. JLARC staff attended meetings of the Governor's Advisory Board on Child and Abuse and Neglect and the State's Child Fatality Review Team. In addition, staff attended court hearings to consider petitions for removal of victims of abuse or neglect from their homes.

Attendance of CPS Training. JLARC staff attended training courses that are required of new CPS caseworkers. The training was provided through the Virginia Institute for Social Services Training Activities (VISSTA). The purpose of attending the courses was to obtain additional information about CPS policies and procedures and to observe the quality of the training.

Literature and Document Reviews. JLARC staff reviewed CPS studies, articles, and publications by the federal government. In addition, staff reviewed federal and State statutes, regulations, and policy guidance as well as the recent federal evaluation of Virginia's program.

Accompanying Caseworkers. JLARC staff accompanied two caseworkers for a day. The purpose of this activity was to observe directly the nature of a CPS caseworker's job.

Report Organization

This report is organized into three chapters. Chapter I has provided background on the CPS program as well as statistics on child abuse and neglect. Chapter II discusses the key findings regarding the effectiveness of the CPS program in meeting its goals and the adequacy of the State operational support provided for the program. Finally, Chapter III discusses other issues related to CPS including caseload and staffing, consistency among localities in the administration of CPS, and two statutory changes that are recommended. Chapter III also discusses innovative practices that are being used by some CPS units to more effectively meet their CPS goals.

II. Effectiveness of Child Protective Services and Adequacy of State Operational Support

Overall, the State's child protective services program appears to be meeting the statutory responsibilities of protecting children from abuse and neglect, while preserving families whenever possible. The child protective services units throughout the State that administer the program appear to be successfully identifying situations that involve abuse or neglect, ensuring the safety of children who are alleged to have been abused or neglected, and providing services to help prevent future abuse. In addition, the support provided by the State Department of Social Services to local CPS units generally appears to be adequate.

Although the program appears to be meeting most of its goals, there are areas that need improvement. Case response times are sometimes too slow in less serious cases. Also, in some instances CPS units are not able to meet all of the service needs identified for families involved in cases of abuse or neglect.

CHILDREN ARE PROTECTED

The State appears to be taking reasonable steps to protect children from abuse and neglect, while also preserving families whenever possible. Local CPS units generally appear to be making reasonable decisions at critical points in the case process. In addition, while response times to less serious allegations of abuse or neglect have been too slow in some localities, most CPS units respond within acceptable timeframes. Overall, it appears that CPS units have taken appropriate actions to prevent serious abuse and neglect. However, in a few instances, additional actions could have been taken. Finally, CPS units appear to be making reasonable efforts to preserve families whenever possible and only seek the removal of children as a last resort.

These conclusions are based primarily on an extensive review conducted over ten months. This review included an evaluation of the case records for over 1,700 cases in 19 selected localities and an examination of the decisions made by CPS staff at key points in these cases. The review also included an evaluation of the case history in 150 cases involving serious abuse or neglect for the purpose of assessing whether CPS staff could have taken additional steps to prevent the occurrence of serious abuse or neglect.

Most Reports of Abuse or Neglect Appear to Be Handled Appropriately

Based on the JLARC review, CPS staff appear to be making reasonable case decisions to ensure children are protected from future abuse and neglect in almost all cases. JLARC staff evaluated the decisions being made by CPS staff at key points that would affect the immediate and long-term safety of children. These critical points are: (1) the decision whether to accept a report of abuse or neglect for further review, (2) the initial decision regarding the interventions necessary to protect

the safety of a child, (3) the decision regarding the immediate interventions necessary to minimize the risk of future abuse or neglect, and (4) in relevant cases, the determination as to whether abuse or neglect actually occurred (the disposition decision). Cases were also evaluated according to whether the appropriate interviews were conducted. JLARC staff relied primarily on the official record of the cases maintained in OASIS, but also reviewed the supplemental hard copy files and consulted with supervisors when necessary. In only two percent of the cases reviewed did CPS units appear to make a questionable decision at one of these critical points.

It should be noted that the review did have limitations. JLARC staff were required to rely primarily on the case records that are documented by caseworkers themselves. While JLARC staff reviewed the case records with a critical eye, if caseworkers did not accurately document information or omitted pertinent information from the records, JLARC staff may not have been aware of it. In addition, JLARC staff did not evaluate the long-term outcomes of interventions or the appropriateness of follow-up actions with families during investigations and family assessments beyond those conducted immediately after services were recommended. (The reasonableness of the follow-up provided in cases in which services were recommended is discussed later in this chapter.)

Reports of Abuse and Neglect Are Appropriately Screened. The decisions of CPS units regarding which reports to accept for further review and which to screen out appear to have a reasonable basis. This is a critical point in the process, because cases that are erroneously screened out may leave children who are victims of abuse without any protection. Screen out decisions were evaluated according to whether the report met the four criteria for a valid report set forth in the *Code of Virginia*. Reports of abuse or neglect rarely appear to be screened out inappropriately, and decisions regarding which cases to accept for further review appear to be reasonable as well. Based on a review of 369 reports of abuse or neglect that were screened out, CPS units had a reasonable basis for their decisions 99 percent of the time. Similarly, there was a reasonable basis for accepting for review all of the 1,232 cases that were examined as part of the evaluation of screening decisions.

While overall CPS units are making reasonable screening decisions, one locality reviewed had a relatively high percentage of reports of abuse in which it appeared the screening decisions were questionable. In this locality, 10 percent of the screening decisions reviewed (three of 30 reports) appeared to lack a reasonable basis. In all three questionable reports, children had been physically injured, and in two of these cases the caseworker contacted medical professionals to find out more about the nature of the injuries. The information provided by doctors did not appear to reasonably justify screening out the reports. When asked, the supervisor in this locality was not sure why the three reports had been screened out.

Necessary Actions Are Taken to Ensure the Immediate Safety of Alleged Victims. Based on the review of the safety assessments conducted in the 1,232 reports of abuse or neglect, CPS units appear to be appropriately evaluating whether the alleged victims of abuse or neglect are safe, upon their first contact with them. In addition, the decisions of CPS units regarding the necessary interventions to ensure the immediate safety of children appear to have a reasonable basis. In

evaluating CPS units' decisions, JLARC staff considered factors such as: the age of the child, the severity of the alleged abuse or neglect, and the extent of further exposure of the victim to the alleged abuser. Examples of interventions that CPS may undertake to ensure the immediate safety of children include: requesting a protective order, having an alleged abuser place the child with another relative voluntarily, or creating a safety plan that outlines the actions required to protect the alleged victim. It appeared that CPS units may not have taken the actions necessary to ensure the initial safety of children in only one of the 1,232 cases reviewed.

Interventions Identified to Reduce the Risk of Future Abuse or Neglect Appear to Be Appropriate. The interventions identified by CPS units as necessary to minimize the long-term risk of future abuse or neglect generally appear to have a reasonable basis. In reviewing CPS units' decisions regarding interventions, JLARC staff evaluated whether the intervention or non-intervention would be sufficient to minimize the risk of future abuse or neglect, based on the factors which appeared to contribute to the abuse or neglect of a child. Of the 897 family assessments and founded cases reviewed, in less than one percent of the cases (six cases) did the decision regarding interventions appear to lack a reasonable basis. In these six cases, it appeared that children were left at risk for future abuse or neglect without the services that they needed. The services necessary to reduce the risk of future abuse or neglect for children were not provided, and it did not appear that they would be sought by the families. Whether children in these cases were actually victimized again because of the lack of interventions is unknown.

Dispositions Regarding Whether Abuse or Neglect Occurred and the Levels of Findings Generally Appear to Have a Reasonable Basis. Based on a review of investigated cases, it appears that most of the dispositions by CPS units as to whether abuse or neglect occurred have a reasonable basis as well. For this analysis, the disposition was questioned if there was a finding of abuse or neglect but the evidence clearly did not support the finding, or if a report was determined to be unfounded but the evidence appeared to clearly support a founded disposition. The disposition lacked a reasonable basis in less than one percent of the investigations reviewed (4 out of 763).

For those reports in which a founded disposition was made, CPS caseworkers also appear to be making reasonable decisions regarding the level of finding (level one, two, or three) according to the severity of the incident. Given the discretion afforded CPS staff in making this determination, JLARC staff questioned the level of finding only if the incident of abuse or neglect supported a level three finding but CPS founded the case as level one, or if the incident supported a level one finding but CPS founded the case as level three. Based on these criteria, less than one percent of the founded cases reviewed (four out of 428 cases) involved a questionable determination regarding the level of finding.

Appropriate Persons Appear to Be Interviewed by CPS. In the vast majority of cases, CPS units appear to be conducting the necessary interviews to determine the appropriate interventions and whether abuse or neglect occurred. Among the 1,232 accepted referrals reviewed, it appeared that CPS had not conducted the necessary interviews in less than one percent of cases. The *Virginia Ad-*

ministrative Code requires face-to-face interviews with both the alleged victim and abuser. Cases were questioned if the victim or alleged abuser was not interviewed, unless the interview had not been conducted because of circumstances outside of the control of CPS staff.

Response Times Are Appropriate in Serious Cases, But Are Sometimes Too Slow in Less Serious Cases, Especially in Certain Localities

Based on the JLARC file review, CPS units generally are responding promptly to reports of child abuse or neglect. However, the response times for cases tracked as family assessments, which tend to be less serious cases, raise more concern. In certain localities, slow response times for family assessments were of particular concern.

State law does not impose specific standards regarding response times. The *Code of Virginia* requires an "immediate" response to all valid reports of abuse or neglect, but does not define what constitutes an immediate response. Some localities have developed a three or four tier system for responding to cases, as recommended in the CPS policy manual. For example, in one locality the four different response goals are: (1) immediately, (2) within 24 hours, (3) within three days, or (4) within five days, depending on the seriousness of the allegation. In addition to encouraging localities to set standards for responding to cases, the CPS policy manual indicates that a best practice is to respond within five days of the date a report of abuse or neglect is accepted for review.

The standard used by JLARC staff to evaluate response times in cases was generally whether contact with the victim or abuser occurred either through a face-to-face meeting or by phone within seven days of the report of abuse or neglect. A seven-day standard is slightly longer than the best practice guideline recommended by the CPS policy manual, and therefore appeared to be a reasonable standard for evaluating response times. If a report was not responded to within seven days, the response time was considered questionable. A one-day standard was used, however, if immediate medical attention appeared to be required. Finally, if the victim had allegedly suffered from a physical injury and face-to-face contact with the victim was not made within ten days, the response time was also questioned, unless there had been diligent efforts to meet with the victim, or the victim had been determined to be safe.

Response Times for Investigations Are Generally Adequate. In the cases tracked as investigations, which generally tend to be the more serious cases, CPS units are able to respond to these cases within reasonable timeframes. The response time was questionable in only four percent of the investigations reviewed. CPS units appear to be giving priority to the more serious cases and responding to them within reasonable timeframes in most instances.

Response Times for Most Family Assessments Are Adequate, But Are Sometimes Too Slow. CPS units are responding to most child abuse reports that are tracked as family assessments within reasonable timeframes. Despite this

finding, there are a number of cases in which response times are too slow. In 11 percent of the family assessment cases reviewed, the response times were determined to be inadequate. The following are two case examples of family assessments in which response times appeared too slow:

> *It was reported to CPS that two children, ages one and three, were left in the care of their grandmother because both parents were arrested and incarcerated. The grandmother was reportedly unable to care for them due to her age and illness. At the time of the parents' arrest at the grandmother's home, the children were reported to be dirty and hungry, and walking around barefoot with broken glass on the ground. There was no attempted contact by CPS for almost a month.*
>
> *** * ***
>
> *A teacher called CPS and reported that a five-year-old child had a burn on the bottom of his left foot. The teacher observed that the burn was healing and was not blistering or draining. The child did not need medical attention, but according to the teacher, the child told several stories about the injury and could not seem to keep things straight. There was one failed attempt to contact the victim, which was four days after the referral. However, CPS did not visit the victim in person for six weeks.*

Slow Response Times Appear to Be a Problem in Some Localities, Especially for Family Assessments. While slow response times to reports of abuse or neglect do not appear to be a significant concern in a majority of localities reviewed, these delays do appear to be a concern in certain localities, especially for family assessments. In eight of the 19 localities evaluated, JLARC staff questioned the response times in at least eight percent of the cases reviewed. In one of these localities, the CPS unit's response times were questionable in 19 percent of the cases reviewed. Furthermore, the response times for cases tracked as family assessments were too slow in 37 percent of the cases reviewed from this locality. In two other localities, 20 percent or more of their family assessments had slow response times.

There appear to be at least two factors that account for inadequate response times in the localities reviewed. In some localities in which slow response times were a concern, high caseloads were cited as a factor. One supervisor said that when workloads are high, it may take two weeks to respond to low priority cases. Another factor cited as contributing to slow response times was poor worker performance. Two supervisors indicated that in cases identified during the review as having questionable response times, the workers responsible for those cases were subsequently terminated for failing to meet job performance standards.

Slow Response Times Warrant Further Review. While CPS units around the State generally appear to be responding to reports of child abuse that are referred for an investigation or family assessment within reasonable timeframes, the percentage of cases in which response times are not acceptable raises some concerns. CPS caseworkers generally prioritize responses by the alleged severity of abuse or

neglect in the initial report. However, in some instances it may be difficult to definitively determine the severity of a situation before a CPS caseworker makes contact with a family. Based on the report of abuse or neglect made at intake, there may be instances in which a situation appears to be less serious than it actually is, and a long delay in responding to the report could jeopardize the safety of a child. It should be noted however, that in the cases identified with slow response times as part of this study, there was no evidence that the slow response resulted in harm to a child.

Given the potential risk to children when CPS fails to promptly respond to reports of abuse or neglect, the Department and Board of Social Services should examine this issue and determine whether any steps should be taken to address it. One option that should be considered is whether response time requirements should be established in State regulation. As mentioned earlier, the *Code of Virginia* requires that cases be responded to immediately, but there are no specific response time requirements established in the statute or regulation. Several states have response time requirements specified in statute or regulation, including Maryland, North Carolina, and West Virginia. For example, Maryland requires local CPS units to respond within 30 minutes to cases involving imminent danger, within 24 hours to cases involving physical or sexual abuse, and within five days to all other cases. Establishing specific time requirements might serve to better protect children from abuse and neglect by reducing delayed responses to reports of it.

Recommendation (1). **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.**

In Most Serious Harm Cases, CPS Units Intervened When They Had the Opportunity to Prevent Abuse or Neglect, But in a Few Instances CPS Could Have Taken Further Action

A review of the case history associated with serious harm cases was conducted to further assess whether children are being protected from abuse and neglect, and especially whether CPS units could have intervened to prevent serious harm from occurring. Based on a statewide review of a sample of serious harm cases (a total of 150 cases with a level one finding), it appears that serious abuse or neglect is often a first time occurrence that CPS did not have an opportunity to prevent (Table 10). In addition, where there was a history of abuse with either the abuser or victim involved in the serious harm case (about 34 percent of the cases in the statewide sample), decisions made in the prior cases generally had a reasonable basis. In a few cases, CPS could have taken additional actions to help prevent subsequent serious abuse or neglect. After serious harm occurred, CPS appeared to take the necessary actions to prevent future abuse or neglect in the year following the incident.

Table 10

Statistics on the Sample of Serious Harm Cases Reviewed

Case History	Number of Cases	Percent of All Cases (n=150)
Prior Case History		
Same Abuser or Victim, but Not Both	23	15
Both Same Victim and Abuser	29	19
Total	52	34
No Prior Case History		
Total	98	65

Note: Percentages do not add to 100 due to rounding.

Source: JLARC staff analysis of 150 CPS cases closed in 2003 in which there was a level 1 finding of abuse or neglect.

In the Majority of Cases, CPS Had No Knowledge that a Child Was at Risk of Serious Abuse or Neglect. In the majority of cases in which serious abuse or neglect occurred, neither the abuser nor victim had prior involvement with CPS. In 65 percent of the serious harm cases reviewed by JLARC staff, neither the victim nor the abuser had been involved with a Virginia CPS unit in the last five years. As a result, in most of these serious harm cases, the local CPS unit could not have been expected to intervene in order to prevent the serious harm which occurred.

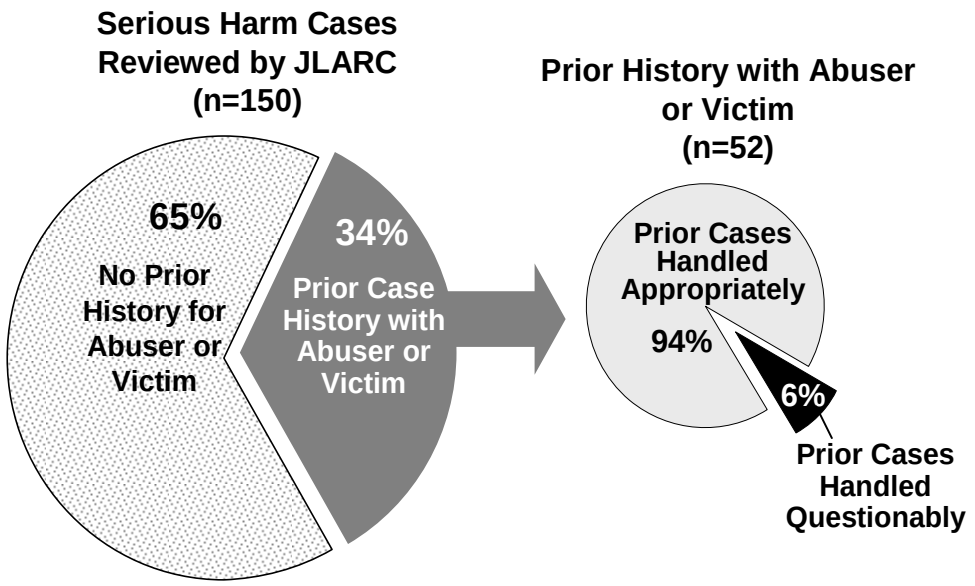
In Most Serious Harm Cases with Previous Case Histories, Prior Case Decisions Appeared to Have Been Handled Appropriately. In 94 percent of the 52 serious harm cases reviewed in which prior case history existed, there is no evidence that CPS units made questionable decisions that contributed to the subsequent serious harm or failed to take actions that might have prevented the serious harm from occurring. The decisions reviewed in the previous case histories included: the decision to accept or screen out a report of abuse or neglect for further review, the initial decision regarding the interventions necessary to protect the safety of a child, the decision regarding the interventions necessary to minimize the risk of future abuse or neglect, the determination as to whether abuse or neglect actually occurred (the disposition decision), and the decision regarding whom to interview. For the most part, CPS staff have been making decisions and taking actions that were reasonable under the circumstances and consistent with the goal of preventing further abuse or neglect.

In a Few Serious Harm Cases With Previous CPS History, It Appears that CPS Could Have Intervened and Potentially Reduced the Risk of the Subsequent Serious Harm. Of the 52 serious harm cases in which the abuser or victim had previously been involved in a CPS case, it appears that in three of these cases (six percent) at least one questionable decision was made in a previous case that may have adversely impacted the safety of the child, who was then later a vic-

tim in a serious harm case (see Figure 9). In two of the three cases, an incident of abuse or neglect had occurred previously between the same victim and abuser. The three questionable decisions made by CPS units in handling cases prior to the serious harm cases varied and do not suggest that any particular new safeguards are needed across all localities. A brief description of the two cases with previous history involving the same abuser and victim are included in Exhibit 2.

Figure 9

Appropriateness of CPS Interventions Prior to Serious Harm Cases



*Percentages do not add to 100 due to rounding.

Source: JLARC staff analysis of 150 founded level one cases that were closed in calendar year 2003.

Interventions in Serious Harm Cases Appear to Prevent Further Serious Abuse and Neglect Within the Following Year. Based on the lack of subsequent reports of abuse or neglect received by CPS, it appears that children are not being victimized again within a year of experiencing serious abuse or neglect (level one), unless the abuse or neglect is going unreported. As shown in Table 11, in about one percent of serious harm cases reviewed, a child was reported to have been victimized within 12 months by the same abuser as in the serious harm case reviewed. There was a slightly higher incidence of future abuse or neglect involving either the same victim and a different perpetrator, or the same abuser and a different victim. In three percent of the cases reviewed, the initial victim was reported to have been victimized within 12 months by a different perpetrator. In an additional three percent of cases, the abuser from the initial case was reported to have abused or neglected a different child within 12 months. Only one of the eleven cases in which subsequent abuse or neglect occurred involved a level one finding.

Exhibit 2

Serious Harm Case Examples Involving the Same Victim and Abuser with a Questionable Decision in a Prior Case

In the first serious harm case, an 11-month-old infant died in the care of the mother. Based on the previous incident of abuse, a safety plan had been developed by CPS which directed the father to assume custody of the baby and directed the father not to leave the baby alone with the mother. The caseworker had not contacted the father to ensure he understood that the child was not to be left in the mother's home. Within ten days of the development of the safety plan, the father left the baby with the mother in violation of the plan which was when the baby died.

* * *

In the second serious harm case, two children, ages two and four, were found unsupervised in the parking lot of a library. The children had been there alone for at least 45 minutes. They had wandered from their home, about 100 yards away. The father was asleep at home. Due to the magnitude of the threat of harm, the case was founded as a serious harm case. Within the previous month, CPS has investigated a similar report in which the children were alone outside and wandered away from home. The father had gone inside to use the bathroom, leaving the children unsupervised outside. The children were found in the street near a retirement home by staff at the retirement home. The caseworker believed the lack of supervision had not been deliberate and determined the case to be unfounded.

Source: JLARC staff analysis of serious harm cases closed in calendar year 2003.

Table 11

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

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

* One case has not yet been closed.

Source: JLARC staff analysis of Oasis records in the 12 months following the reports for 150 serious harm cases reviewed.

CPS Fulfills Goal of Preserving Families Whenever Possible

Along with protecting children from future abuse or neglect, CPS is responsible for preserving families whenever possible. While meeting these two goals sometimes involves a delicate balance, CPS appears to effectively meet this family preservation goal. About three percent of the cases that are referred for an investigation or family assessment result in the placement of a child in foster care. Juvenile and Domestic Relations court judges interviewed for this study consistently indicated that CPS staff in their jurisdictions do not seek petitions for the removal of children unless there is good reason to request such action. Instead, in most instances, CPS staff attempt to provide necessary services to victims and alleged abusers and neglectors that will enable families to remain together. The efforts made by CPS staff to provide services is discussed extensively in the next section of this chapter.

PROVISION OF SERVICES

Along with ensuring the safety of children, another major responsibility of CPS is to provide services to families in order to prevent a future occurrence of abuse or neglect. In order to fulfill this responsibility, CPS staff must accurately assess the service needs of clients, and the necessary services must be available and accessible in the community. From information collected through interviews, survey responses, and file reviews, it appears that most local CPS units are adequately fulfilling statutory, regulatory, and policy requirements as they relate to the identification and provision of services. It also appears that families generally are able to obtain most of the services recommended to them. In some local CPS units, however, there are concerns that CPS is unable to satisfy the full extent of the service needs identified for families. This section provides further detail on the types of services that are recommended, the degree to which CPS staff adequately identify and monitor services, and the availability of services across local CPS units.

Trends Regarding Persons Recommended for Services, Types of Services, and the Process by Which Services Were to Be Obtained Varied Across Cases

In the 19 local CPS units selected for review, JLARC staff identified some patterns in the provision of services in CPS cases. Services are recommended most frequently as a result of founded investigations and family assessments and also after cases are referred for ongoing services. Based on the severity of the abuse and neglect, the risk of future maltreatment, the strengths and needs of the family, and the availability of services in the community, CPS caseworkers determine who requires services, which services to recommend, and how clients will obtain the identified services.

Services Are Most Often Identified for Perpetrators. JLARC staff analysis of the services documented in CPS cases indicated that a majority of services were directed towards perpetrators and victims, and some services also were identified for other family members. As shown in Table 12, 49 percent of services

Table 12

Recipients of CPS Services in CPS Cases Reviewed by JLARC Staff

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

Notes: When more than one service was recommended for the same individual, each service was counted separately. Percentages do not total to 100 due to rounding.
*Other may include individuals such as siblings of victims, non-protecting parents, other persons in the home, and legal custodians.

Source: JLARC staff analysis of CPS cases opened between January 1, 2003 and January 31, 2004 that were randomly selected for review.

were recommended for abusers or neglectors, while 24 percent were recommended for victims. An additional 18 percent of services were recommended for the family unit as a whole. By identifying services for several members of a family, CPS staff aim to strengthen the family so that it is capable of protecting child victims and preventing future abuse or neglect.

Several Types of Services Are Recommended. In 523 of the 1,306 CPS cases reviewed by JLARC staff, caseworkers identified and recommended at least one service for clients. (This total includes investigations and family assessments, as well as ongoing services cases not associated with these cases that were reviewed by JLARC staff.) According to JLARC staff analysis, a total of 1,200 services were recommended in these cases. Some of the services that were identified most often included: counseling and therapy (20 percent), parenting (17 percent), and mental health evaluations and treatment (13 percent). Table 13 further illustrates the frequency with which particular services were identified and documented in the case files selected for review.

Each of the various services that are recommended by caseworkers addresses the specific needs of the families. For example, counseling and therapy services are provided by trained professionals who assist individuals in identifying, addressing, and coping with their emotional and behavioral needs. Parenting services educate parents on how to effectively provide for the emotional and physical well-being of their children. Instruction may cover topics such as the stages of child development and appropriate behavioral expectations for each of these stages, as well as effective disciplining strategies. Mental health assessments are conducted in order to determine if an individual suffers from a mental illness and, if so, the extent of the illness as well as appropriate treatment services for it. Mental health treatment services are provided in order to address the causes and effects of the mental illness and may include a wide range of interventions, such as counseling, psychological evaluations and treatment, case management, and medical treatment.

Table 13

Recommended Services in CPS Cases Reviewed by JLARC Staff

Service	Percent of Total Recommended Services (n=1,200)
Counseling and Therapy	20
Parenting	17
Mental Health Assessment/Treatment	13
Other*	11
Substance Abuse	7
Other DSS Services**	7
Case Management	6
Financial Assistance/Management	4
Housing	4
Anger Management	3
Domestic Violence Services	2
Information and Referral	2
Medical Services	2

Notes: It was noted during interviews with CPS staff that caseworkers in a few localities may not identify a service need in the case documentation because the particular service is not available or readily accessible in the community. Percentages do not total to 100 due to rounding.

*Other services may include services such as domestic violence services, medical services, CSA referrals, respite, mentoring, transportation, and sex offender treatment.

**Other DSS services may include such services as daycare, Temporary Assistance for Needy Families, Food Stamps, and Virginia Initiative for Employment Not Welfare.

Source: JLARC staff analysis of CPS cases opened between January 1, 2003 and January 31, 2004 that were randomly selected for review.

Services May Be Obtained Through Several Processes. The process by which families receive services is usually determined by the resources available to individuals and the extent to which oversight is needed to reduce the likelihood of future harm. As shown in Table 14, 33 percent of the services identified in the cases reviewed were to be received through community resource collaboration. For this type of service provision, caseworkers usually coordinate the receipt of services with a local service provider, such as local community services boards. For an additional 28 percent of the recommended services, individuals were to obtain them independently. In these cases, families were to assume responsibility for locating a service provider and following through with services on their own. For 16 percent of the services, clients were court ordered to obtain them. Court orders may be sought by CPS staff to protect the health and safety of a child who has been subject to abuse or neglect when the parents appear unwilling to cooperate with the provision of services on their own. Services were sometimes received directly from a CPS caseworker, as was the case for 15 percent of the recommended services. For example, in some of the cases reviewed, caseworkers provided in-home parenting education to families.

Of the total number of services that were recommended for individuals in the 1,306 cases reviewed, JLARC staff determined that 59 percent of them were obtained. In contrast, case documentation indicated that 8 percent of the services were not received. Cases in which services were not obtained included those in which they were refused by families or not available. For the remaining 33 percent of

Table 14

Processes by Which Services Were to Be Received in CPS Cases Reviewed by JLARC Staff

Process	Percent of Total Recommended Services (n=1,200)
Community Resource Collaboration	33
Family to Receive Independently	28
Court Order*	16
Caseworker Provides	15
Unable to Determine	6
Other	3

Note: Percentages do not total to 100 due to rounding.
*Court ordered services may include services that eventually were obtained through one of the other processes listed. For purposes of review, JLARC staff classified any service that was court ordered in this category.

Source: JLARC staff analysis of CPS cases opened between January 1, 2003 and January 31, 2004 that were randomly selected for review.

cases, JLARC staff were unable to determine if services were received through a review of the case record. These cases were typically less serious ones in which families were left to obtain services independently, and local CPS units determined that it was not necessary to follow up with the families or to document whether they actually received the services.

Local CPS Units Appear to Be Making Reasonable Decisions and Taking Reasonable Action Regarding the Identification and Monitoring of Services for Families

The JLARC review of CPS cases revealed that most localities generally satisfy statutory, regulatory, and policy requirements when deciding whether to recommend services as well as when conducting case management for families receiving services. In most of the cases reviewed, it appears that local CPS units made reasonable decisions about when to provide services to families and what type of services should be provided. In addition, it appears that CPS caseworkers provided adequate follow-up support to families after services were recommended. This section discusses in more detail the extent to which CPS staff appropriately identified and monitored services for families during the investigative, family assessment, and ongoing phases of cases.

Reasonable Services and Interventions Are Identified for Families. In most of the cases reviewed by JLARC staff, CPS caseworkers appeared to be making reasonable decisions about whether families needed services and which services they should be provided. According to DSS' statewide policy, services should address the strengths and needs of the family in order to protect children, reduce the likelihood of future maltreatment, and preserve the family whenever possible. Beyond stating what the goals of services should be, however, statewide DSS policy grants CPS substantial discretion in determining for whom and what services should be provided. It appears that in most of the cases reviewed, CPS staff appropriately

identified those individuals for whom the provision of services might decrease the likelihood of future abuse or neglect. For example, services were most often recommended for perpetrators presumably because a change in their behaviors is critical to reducing the risk posed to children.

JLARC staff also observed that the types of services recommended for CPS clients appeared to address their individual needs. Services recommended for perpetrators usually focused on specific behaviors that triggered abuse or neglect. For example, substance abuse treatment was recommended for perpetrators whose alcohol or drug addiction appeared to contribute to their abusive or neglectful behavior. Services recommended for victims and other family members usually addressed the long-term emotional effects of abuse and neglect on these individuals and, for non-offending parents, their role in helping to prevent future maltreatment. In some cases of sexual abuse, for example, victims were referred for counseling services in order to address the effects of such maltreatment on their current and future emotional well-being.

CPS Units Take Reasonable Action After Identifying Services During Investigations or Family Assessments. From the review of case records, it appears that CPS staff also conducted appropriate follow-up actions during the investigative or family assessment phase of cases when services were recommended. Statewide policy, however, grants CPS units considerable discretion in determining the appropriate level of CPS involvement for these families. As a result, while the extent to which caseworkers coordinated and monitored services appeared to vary primarily across cases due to the specific needs of families, it also appeared to vary across localities due to differences in local philosophy. For example, caseworkers in a few localities seemed more likely to recommend that lower-risk families obtain services independently while in other localities caseworkers assumed a more direct role in service provision. Furthermore, in at least one locality selected for review, the CPS unit appeared more likely to petition the court for a protective order to require families to participate in services.

CPS Units Conduct Reasonable Follow-Up Actions to Monitor Families Who Receive Ongoing Services. The JLARC review of cases also indicated that most local CPS units appear to provide reasonable case management services to families that require continuing CPS intervention in order to prevent future abuse or neglect or the removal of children. The follow-up actions provided for those cases transferred to ongoing services usually involved CPS caseworkers meeting face-to-face with families in order to address their needs, as well as to monitor their progress towards achieving their service plan goals and providing a safe home for their children. This continual assessment is typically conducted by observing the home environment and children and interviewing family members. (It should be noted that because ongoing services cases were not required to be documented in OASIS during the period from which these cases were selected for review, JLARC staff had to rely primarily on available hard file documentation to evaluate most of these cases.) The following is a case example of an ongoing services case in which reasonable case management services were provided:

One CPS caseworker met with a mother approximately once a month over an eight-month period after she was court ordered to complete a parenting course for failure to provide adequate supervision for her son. During these face-to-face meetings, the caseworker observed the condition of the home and child. She also monitored the mother's participation in the parenting course and her progress towards securing employment and childcare. When the mother expressed concern that a recommended parenting class conflicted with her work schedule, the caseworker helped to find her another course. She also provided the mother with bus tickets to address her transportation needs. After the mother completed services and demonstrated her ability to protect her son, the case was closed.

Although most local CPS units appeared to be conducting reasonable follow-up actions during the ongoing services component of cases, there were a few localities in which it appeared that CPS caseworkers were not adequately monitoring families in a timely manner. In several of the ongoing cases reviewed from these localities, there appeared to be substantial gaps between the last contact made with a family during the family assessment or investigation and the first contact made to provide ongoing services. Most of these gaps extended for several months and may have resulted in higher-risk families not being actively monitored by CPS during this time.

One supervisor explained that up until the past few months, this delay in making contact with families receiving ongoing services occurred because the caseworkers were waiting for the hard file from the investigation or family assessment before initiating services. CPS policy stipulates, however, that the transfer of cases to ongoing services "should occur without delay" and that even if the complete case record is not available, sufficient information should be provided to the ongoing caseworker so that essential services may be implemented. One local government attorney told JLARC staff that families are more receptive to services in the initial stages of an ongoing case.

CPS Units Make Reasonable Decisions About When to Close Ongoing Services Cases. In the ongoing services cases reviewed that had been closed prior to the JLARC site visit, it appears that CPS staff generally had made reasonable decisions about when to close these cases to further services. While cases may be closed when the family completes the services necessary to reduce the likelihood of future abuse and neglect and is assessed to be capable of protecting their children, JLARC staff also reviewed cases that were appropriately closed to ongoing services even though all of the recommended services were not obtained. For example, some families moved during the provision of ongoing services. Other families did not appear to complete all of the recommended services, but the risk of harm posed to children in the home was not high enough to petition for a court to order them to complete the services. Finally, some ongoing services cases were closed because the children needed to be removed to foster care. The following case study provides a description of a case that was closed to ongoing services because of the family's cooperation:

Over a seven-month period, the CPS caseworker provided ongoing services to a mother who had recently given birth to a substance-exposed newborn. The caseworker monitored her substance abuse treatment and capacity to protect her child. The mother actively participated in her treatment program and found stable housing. According to the caseworker's observations, the child appeared to be healthy and adequately cared for by the mother. Due to the mother's cooperation with services and demonstrated ability to provide for her child, the caseworker determined that the child was safe in her care and closed the case.

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

Although the JLARC review of cases revealed that CPS units adequately identify and monitor services in accordance with policy, 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. CPS staff and directors of local departments of social services in these localities indicated that their CPS units are unable to purchase the necessary services for all the families who could benefit from them. One respondent to a JLARC survey of local CPS units suggested that a lack of adequate funding creates a situation in which the letter of the law, rather than the spirit of the law, is followed in CPS and that with additional funding, the quality of services provided to families would improve. Staff in some local CPS units also indicated that there is not sufficient staffing to provide adequate case management to those families that need services but are not assessed to be at the highest risk level. As a result of these resource limitations, it appears that some of the CPS staff across the State believe a gap exists between what is being done to fulfill statutory requirements and what they would like to do to meet best practices.

One consequence of resource limitations appears to be that ongoing services may not be provided to all of the families who may benefit from them. Some CPS units indicated that they will transfer only the most severe cases to ongoing services because of staff constraints. For example, one local director of social services explained that few families receive ongoing services, because the CPS unit can only staff these cases when graduate school social work interns are available to manage them. It appears, therefore, that in some localities families not at the highest risk levels may be excluded from receiving ongoing services even though they might benefit from continued CPS intervention.

Another consequence of resource limitations appears to be that in some cases CPS can offer ongoing services to families, but not to the extent that CPS staff feel is necessary to fully address the needs of these families. Time and staff limitations may prevent CPS staff from providing the level of case management they feel is appropriate to these families. Although families who are at high risk of future maltreatment and who have several identified service needs may benefit from more

frequent case contacts, caseworkers may be able to meet with them only at the policy-directed intervals of once every three months. This frequency of face-to-face contacts, however, may prove insufficient in allowing the caseworker to fully monitor the progress made by families and to promptly address any changes in their service needs or their capacity to protect their children. (Effective in FY 2005, CPS policy requires ongoing caseworkers to meet face-to-face with families once a month.)

It also appears that in some local CPS units, staff can provide and purchase only the bare minimum of treatment services for families who have been referred for ongoing services. Consequently, those clients requiring long-term preventive or rehabilitative services may not be receiving them if they do not have insurance coverage that will pay for them. Some responses from the JLARC survey of local CPS units indicated that situations may worsen or abuse and neglect may recur if the full needs of families are not met. According to one survey respondent, the result is that the ongoing services sometimes provided to families "are so minimal as to place in jeopardy the safety concerns recognized in the investigation or assessment of the case."

In Most Localities, Families Generally Are Able to Obtain Most Services, But There Are Some Services That Are Not Always Available or Accessible

According to CPS staff in a majority of localities, families who need services generally are able to obtain most of them. In some localities, however, it appears that particular services are not adequately available to fully address the needs of families. Moreover, it appears that access to particular services may be restricted in some localities due to waiting lists and the limited resources available to local departments of social services and families. The remainder of this section provides a discussion of service availability and accessibility across the State.

In a Majority of Localities, Families Generally Are Able to Obtain Most Services. According to information provided by directors of local departments of social services and CPS staff, it appears that most services are available in most localities throughout the State. As shown in Table 15, at least 80 percent of respondents to the JLARC survey of local CPS units indicated that each of the eight treatment services included in the survey was available at least some of the time, and a majority indicated that seven of the services were always available or available most of the time. These services include most of those that were recommended the most often in the cases reviewed by JLARC staff, such as parenting and counseling. The results of the survey support the opinions expressed by CPS staff in a majority of the localities selected for review that services, for the most part, are generally available in their communities.

Some Services Are Unavailable or Inaccessible. Despite the availability of most services generally, there are some gaps in service availability and accessibility across the State. As Table 15 illustrates, a few survey respondents indicated that families are rarely or never able to obtain particular services in their community. Furthermore, staff from some local CPS units expressed concern in interviews that certain services were largely unavailable for the families they serve. In analyz-

Table 15

Extent to Which Families Are Able to Obtain Services

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

Note: Percentages do not total to 100 due to rounding.

Source: JLARC staff analysis of survey responses from 115 of the 120 local CPS units.

ing survey and interview responses, the lack of substance abuse treatment is a particular concern in some localities. Approximately 22 percent of respondents to the JLARC survey of local CPS units indicated that this service is rarely or never available. CPS staff in several CPS units selected for review, especially those serving rural or urban localities, also indicated that treatment for substance abusers is not available to the extent necessary to meet clients' needs. A supervisor in one rural locality stated that there is no service provider in the community who currently offers quality substance abuse counseling.

There also are gaps in the availability of mental health and parenting services in some of the localities selected for review, especially rural ones. CPS staff indicated that the lack of availability often is due to a limited supply of service providers. For example, one survey respondent from a rural locality indicated that a local provider of parenting courses only offers about two classes a year, which is insufficient to meet the needs of clients.

There also are barriers to accessing particular services that further impact whether families are able to obtain services in some localities. CPS clients are placed on long waiting lists before they are able to receive particular services in some localities. Consequently, it may prove more difficult for these families to achieve their service goals within established timelines. CPS staff members from several localities indicated that there are waiting lists for substance abuse treatment. In one urban locality, the CPS coordinator stated that the waiting list for this service may be two weeks, months, or longer. There also are waiting lists for mental health services in several localities. In one rural locality, Community Services Board (CSB) staff stated that the waiting list for this service ranges from six to eight weeks. CPS staff often indicated that reduced funding, staff, and resources for the local CSB, as well as the lack of private providers willing to accept Medicaid, greatly contributed to the delay in providing clients with mental health services.

In addition to waiting lists, the expense of purchasing services and the lack of adequate transportation also deter families from obtaining services in some localities. If the local department of social services is unable to directly provide or purchase services for families due to a lack of available funds, then the family must assume responsibility for covering the costs of services. As a result, those families without insurance or sufficient financial resources may not be able to obtain services that are available in the community.

Furthermore, interview and survey responses indicate that inadequate transportation appears to prevent some families from obtaining available services. Thirty-nine percent of survey respondents stated that transportation services are rarely or never available in their localities. As the director of a local department of social services located in a rural area of the State explained, most of the people recommended for services work in minimum wage jobs and do not have transportation, nor is there public transportation in the community. Therefore, they may be unable to obtain services, some of which are offered only in other localities. Families who do not have access to adequate transportation must rely on CPS or family and friends to provide transportation for them. If these parties are unable to provide transportation, however, then families may not receive recommended services at all, or they may receive them on an inconsistent basis whenever transportation is available.

STATE OPERATIONAL SUPPORT TO LOCAL CPS UNITS

While child protective services is a locally-administered program, the State Department of Social Services provides a key role in several areas. The State has responsibility for establishing and implementing State policy, providing training to CPS workers, staffing the State hotline, and maintaining the OASIS information system. The State appears to be generally performing its roles adequately, although support provided through the OASIS system could be improved.

CPS Policy Guidance Provided by the State Is Adequate

While the *Code of Virginia* and regulations promulgated by the Board of Social Services provide the basic framework for the CPS program, State DSS staff have responsibility for establishing the CPS policies and ensuring that the policies are implemented. State policy is set forth in a detailed manual that is regularly updated. The manual is relied upon heavily by CPS workers in administering the CPS program and generally appears to provide the guidance caseworkers need to perform their CPS responsibilities.

Along with the manual, there are six program consultants around the State that are responsible for ensuring that localities follow CPS policy when administering the CPS program and that there is consistency across localities in the implementation of the program. They perform this role by training CPS caseworkers on the CPS policy, providing technical assistance to local CPS units in the interpretation of the policy, and reviewing randomly selected cases.

Based on interviews and responses to the JLARC survey of local CPS units, local CPS units are satisfied with the policy guidance and support provided through the CPS manual and program consultants. When asked to rate the quality of support provided by the consultants, 43 percent rated it as "high" and an additional 43 percent rated the quality of support as "adequate." Only 15 percent of respondents rated it as "low." In addition, supervisors of local CPS units indicated in interviews that they are generally satisfied with the policy manual and the support provided by the program consultants.

State Hotline Appears to Provide Adequate Support to Localities

Another state support function provided by the central office is the operation of a State hotline. This hotline is maintained 24 hours-a-day to receive reports of abuse or neglect. The hotline is staffed by five classified and eight P-14 employees. The primary purpose of the State hotline is to provide a central point to receive reports of child abuse or neglect on a 24 hour-a-day basis. Most of the calls received by the hotline are during evening or weekend hours when local CPS units are closed. The hotline staff document reports of abuse or neglect and then forward the information to the appropriate locality. In the case of an emergency, hotline staff immediately contact on-call staff in the appropriate locality by telephone.

While some CPS supervisors raised concerns during interviews that hotline staff do not always collect the necessary information or record the information accurately, the local CPS units generally find the support provided by the hotline staff to be sufficient (Table 16). In responding to the JLARC survey of CPS units, 11 percent of local units rated the quality of support provided by the State CPS hotline as "high" and an additional 72 percent of local DSS agencies responding to the survey rated the support provided by the hotline staff as "adequate."

Table 16

Quality of Support Provided to Local CPS Units by Program Consultants and Hotline Staff

	High	Adequate	Low	No Support or Not Applicable
Program Consultants	43%	43%	15%	0%
Hotline Staff	11	72	16	1

Note: Percentages do not total to 100 due to rounding.

Source: JLARC staff analysis of survey responses from 115 of the 120 local CPS units.

Training Provided by the State Is Adequate

Another function provided through the State DSS is training. State regulations require that all CPS workers participate in skills and policy training within their first two years of employment. In the first year, CPS workers must complete courses on: CPS policy; how to conduct intake, assessments, and investigations;

sexual abuse; and sexual abuse investigations. Workers must also complete courses in exploring child welfare, effects of abuse and neglect on child development, separation and loss issues, crisis intervention, and domestic violence by the end of their second year of employment as a CPS worker.

Most of the CPS training is provided through the Virginia Institute for Social Services Training Activities (VISSTA). It is a collaborative effort among the Virginia Department of Social Services, the Virginia Commonwealth University School of Social Work, Area Training Centers, and other partnering agencies. Instructors for many of the CPS courses offered by VISSTA are CPS program consultants.

Interviews with CPS supervisors indicate that staff are generally satisfied with the training provided. Several supervisors indicated that they would like to see more training provided for experienced CPS workers and supervisors so that they could update their skills and continue to grow professionally.

OASIS Provides the Basic Functionality Needed for Recording Case Information, But Some Improvements Are Needed

As discussed in Chapter I, OASIS is the system of record for a variety of social services programs, including CPS. OASIS is primarily designed as a case management system. It stores demographic data on victims and perpetrators, interview notes, and case findings. In the spring of 2004, DSS released its most recent enhancement to OASIS which added ongoing services. While most supervisors and caseworkers are satisfied with the basic functionality of the OASIS system, it appears that additional actions are needed to improve the usability of the system and to enhance the ability of State and local CPS staff to obtain data from the system.

Although DSS has made several enhancements to OASIS since the implementation of the CPS component in 1999, caseworkers and supervisors expressed the view that a more user-friendly system is needed. In a survey of CPS caseworkers in the localities selected for JLARC review, 61 percent of caseworkers responded that the OASIS system needs improvement. Caseworkers cited a concern that the system appears to request redundant information. In addition, some supervisors indicated in interviews that the system is complex and difficult to navigate, especially if not used on a daily basis.

Another area of concern is the difficulty in obtaining data from OASIS. Based on interviews with State CPS staff, it appears that OASIS data requests made by CPS program staff sometimes are not fulfilled. Several staff indicated that their requests for data have gone unfulfilled for over two years. It appears that the difficulty in obtaining data is partly related to a lack of staff within the OASIS unit to process requests, as well as a general lack of understanding among CPS program staff regarding how to appropriately request data. OASIS staff indicate that the unit is primarily focused on improving the OASIS system to meet federal reporting requirements and local DSS staff needs. As a result, staff are continually developing

enhancements to the system to meet these needs and often lack adequate time to process data requests.

In addition, OASIS staff indicate that data requests are not being fulfilled, because there is a lack of understanding of how to request data or make changes to the system among CPS program staff. It appears that this is primarily a result of inadequate communication between CPS program and OASIS technical staff. CPS program staff often lack the technical knowledge to identify what data are required from OASIS, and technical staff often lack the social service knowledge to understand what data are needed to satisfy the request. Although the OASIS unit has analysts to try to facilitate communication between programmatic and technical staff, OASIS staff indicate that these analysts often have more substantive social services experience than technical experience and still need additional training to facilitate communications between the two units.

According to OASIS staff, the unit has undergone recent changes to enhance its operations and improve communications. The unit has hired a process analyst to improve efficiency and develop systems to prioritize requests to meet both system enhancement and data needs. In addition, the unit plans to provide additional training to analysts to appropriately identify data needs and improve communication between the OASIS technical staff and CPS program staff. Improved communication would facilitate a better understanding of the capabilities of the OASIS unit among CPS program staff and assist them in developing appropriate data requests.

III. CPS Caseloads, Recommended Policy Changes, and Innovative Practices

While the child protective services system appears to be effectively administered, there are other issues that should be addressed. Based on an analysis of staffing and caseloads, there may be some CPS units in the State that lack adequate staff to handle their current caseloads effectively. In addition, the decisions about whether to handle cases as investigations or family assessments are not consistent across localities, and statutory changes may be needed to protect the long-term rights of alleged abusers under the age of 14 and to give CPS more time to resolve certain types of cases. While there are these areas of needed improvement, some local CPS units are already engaged in innovative practices to improve the implementation of their CPS programs.

MOST CPS UNITS HAVE MANAGEABLE CASELOADS

One of the concerns raised by some CPS staff is that the caseloads of their workers are too high, which makes it difficult to fulfill their statutory responsibilities. In the JLARC survey conducted of local CPS units, 58 percent of respondents stated that family assessment and investigation caseloads are not manageable, and 55 percent indicated that ongoing services caseloads are too high. To examine the caseload issue, JLARC staff conducted an analysis of caseloads and staffing for investigations and family assessments using two separate methodologies. (Appendix D discusses both methodologies.) This analysis could not be conducted for ongoing services, because there is not comprehensive data available regarding ongoing services cases.

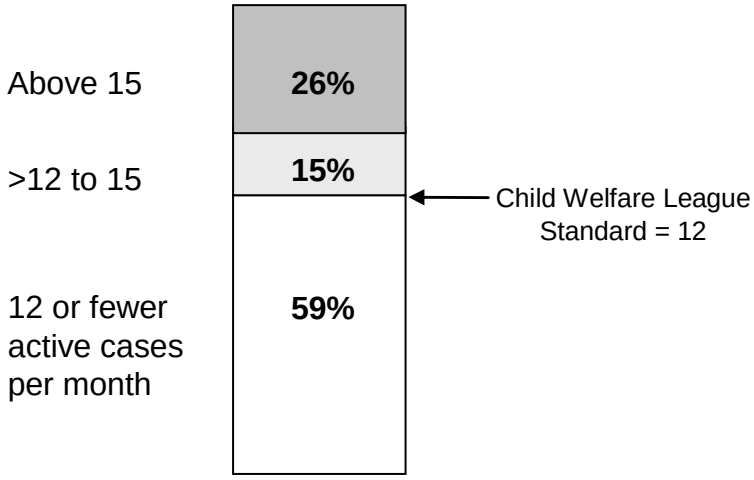
The first approach used was to compare the caseload of each CPS unit with the caseload standard published by the Child Welfare League of America (CWLA). The CWLA standard, which is often cited by CPS staff, states that a CPS worker should have no more than 12 active cases per month. With data on the number of workers in each CPS unit performing investigations and family assessments and the number of cases handled in each CPS unit, the average caseload per worker could be calculated and compared with the CWLA standard.

This analysis showed that 59 percent of CPS units have staff with caseloads of 12 or less and are thus within the CWLA standard (Figure 10). Of the localities that exceed the CWLA standard, the extent to which they exceed it varies. As Figure 10 demonstrates, 15 percent of the CPS units have average caseloads that are relatively close to the CWLA standard (between 12 and 15 cases per worker), while 26 percent of CPS units appear to have caseloads that are much higher than the recommended standard (more than 15 cases per worker).

The second approach used to analyze staffing and caseloads involved a methodology employed by a consultant in 2000 to conduct a DSS workload study. As part of this 2000 study, the consultant calculated the average number of hours re-

Figure 10

Percentage of Localities by Average Active Caseload Per Month in FY 2004



Note: Active caseload estimates are based on the number of valid reports of abuse or neglect in FY 2004 and all full-time equivalent (FTE) staff performing investigations or family assessments during the same time period. Percentages are based on estimates for 93 percent (111 of 120) of localities in Virginia. See Appendix D for a detailed description.

Source: JLARC staff analysis of data provided by State and local Department of Social Services staff.

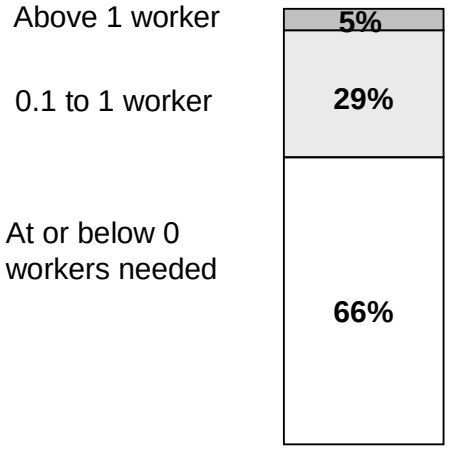
quired to handle a CPS case in Virginia. Using this information, along with the number of staff available and caseload amount, a determination can be made as to whether there are sufficient staff to handle the CPS caseload. This is done by calculating the number of staff needed to complete all of the CPS cases and then subtracting this number from the number of staff currently available to handle cases.

Based on this analysis, two-thirds of CPS units do not have a need for additional staff. Furthermore, as shown in Figure 11, most of the CPS units that were shown to have a net need would require less than one additional full-time position to handle the caseload. Only five percent of the CPS units would require more than one additional full-time position to handle their current caseload.

One final analysis was used to compare the DSS workload and CWLA findings. Although the CWLA analysis is expressed in active cases per worker, a net worker need can be calculated similar to the DSS workload study. This calculation can be performed by determining the number of staff needed to maintain 12 active cases per month and then subtracting this figure from the number of staff currently available. Figure 12 provides a comparison of the net worker need based on the CWLA analysis and the DSS workload study. As illustrated by the figure, the majority of localities appear to have manageable caseloads and do not need additional CPS positions under either analysis. The CWLA analysis indicates that 11 percent of CPS units would need more than one additional full-time position, while the DSS work study analysis indicates that only five percent of CPS units would need more than one additional position. Under both approaches, an additional 30 percent of

Figure 11

Percentage of Localities with a Net Additional Worker Needed as Determined by DSS Workload Study in FY 2004

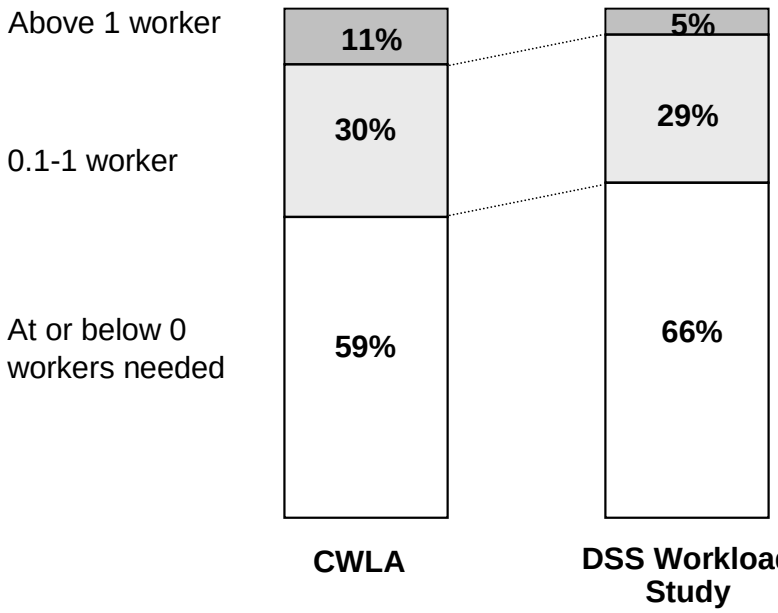


Note: Net worker need estimates are based on the number of valid reports of abuse or neglect in FY 2004 and all full-time equivalent (FTE) staff performing investigations or family assessments during the same time period. Percentages are based on estimates for 93 percent (111 of 120) of localities in Virginia. See Appendix D for a detailed description.

Source: JLARC staff analysis of data provided by State and local Department of Social Services staff.

Figure 12

Percentage of Localities with a Net Additional Worker Needed, Based on Child Welfare League of America (CWLA) Guidelines and DSS Workload Study in FY 2004



Source: JLARC staff analysis of data provided by State and local Department of Social Services staff.

CPS units would need some portion of one additional position. The need for less than one additional position may have different implications depending on the size of the CPS unit. In small units the need for less than one position may be a major concern, while in larger units, this level of need may not be as significant.

There does not appear to be any correlation between economic conditions in localities and CPS caseload levels. Similarly, there do not appear to be other demographic factors that are correlated with high caseloads. One factor that may be related to the level of caseload is the amount of the local financial contribution provided for additional CPS staff. Based on interviews with local DSS staff, it appears that some localities provide funding beyond the required 20 percent match to increase the number of CPS positions. However, as discussed in the funding section of Chapter I, it is difficult to determine precisely how much localities are contributing to fund additional staff for their CPS programs.

Given the importance of the CPS function and the potential consequences for the protection of children if caseloads in CPS units are not manageable, this issue should be further examined. The State Department of Social Services should further evaluate the extent of the caseload problem. As part of this analysis, DSS should identify what factors contribute to high caseloads in some localities and provide potential solutions to address the problem. This review should also include a workload analysis of ongoing services staff when necessary data becomes available to conduct the analysis.

Recommendation (2). **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.**

CONSISTENCY ACROSS LOCALITIES

With a system in Virginia in which the CPS program is administered by CPS units within local departments of social services, one issue that has been raised is the extent to which CPS cases are handled consistently across CPS units. Based on the JLARC review of cases for this study, the only clear inconsistency in how cases are handled among local CPS units is with regard to whether cases are tracked and conducted as investigations or family assessments. Based on the uniqueness of each CPS case and the multitude of factors that have to be considered in reaching decisions about a case, it is difficult to draw other definitive conclusions about whether cases are handled consistently across localities. The State, however, is currently considering the implementation of a more structured process to improve the consistency of decision-making with regard to assessing the risk of future abuse or neglect to children.

The State CPS policy manual provides substantial discretion to localities in making the determination of whether to track a case as an investigation or family

assessment. The *Code of Virginia* mandates that certain types of cases be investigated. They include all cases that involve sexual abuse allegations, disfigurement, fractures, severe burns, lacerations, mutilation, maiming, forced ingestion of dangerous substances, life-threatening internal injuries, medical neglect, or out-of-family abuse or neglect. However, for all other cases, the policy manual provides that a variety of factors may be considered in determining whether a case should be handled as an investigation or a family assessment. They include: history of abuse or neglect, type of abuse or neglect, child's age and ability to self-protect, level of violence involved in the caretakers behavior, and living conditions. Generally, the manual indicates that cases which involve serious injury or the threat of serious injury should be investigated and other cases handled as family assessments. However, the manual also states that the track decision is at the discretion of the CPS unit.

The JLARC file review as well as statewide data on track decisions revealed that there are differences among localities in how cases are tracked. The difference in approach is substantial in some instances. Many of the CPS units in Virginia tend to follow the general guidelines of the manual and handle only serious cases as investigations and others as family assessments. However, there are also a substantial number of localities that handle all or the vast majority of referred cases as investigations. Conversely, there are a substantial number of localities that handle the vast majority of their cases as family assessments.

A review of the statewide data demonstrates these differences in approach used by CPS units. As mentioned in Chapter I, CPS units in the State handle 61 percent of cases as family assessments and 39 percent as investigations on average. However, 16 of the State's 120 CPS units (13 percent) handle more than 80 percent of their referred cases as family assessments. Conversely, 16 of the State's CPS units handle more than 60 percent of their referred cases as investigations.

The data suggest that CPS units are handling similar cases differently depending on the philosophy of the unit. This conclusion was confirmed by the JLARC file review. One locality visited continues to handle all cases as investigations regardless of the level of seriousness of the allegation. In another locality visited, the CPS unit has taken the approach that it will handle any case that does not require an investigation under statute as a family assessment.

While the differences in how cases are handled may not have much impact on the short-term protection of a child, inconsistencies in approach regarding the track decision may have long-term consequences for an alleged abuser. For example, an individual who commits an act of abuse in a jurisdiction that generally handles cases as family assessments whenever possible would not likely have a finding made against him and would not be recorded in the Central Registry as an abuser. Conversely, an individual who committed a similar act in a jurisdiction that generally handled cases as investigations could be determined to have committed abuse or neglect and be registered as an abuser.

The track decision could also impact the extent to which the history of abuse by a caretaker is documented. With a family assessment, caseworkers docu-

ment the occurrence of alleged abuse to some extent, but the worker is not required to make a determination as to whether abuse or neglect actually occurred. In contrast, a case handled as an investigation requires such a determination and the documentation of it. If there is a subsequent allegation of abuse involving the same caretaker, then having a record that definitively documents whether abuse or neglect occurred previously provides more information to CPS staff in determining what actions and interventions may be needed to protect potential victims of that caretaker from further abuse or neglect. Given the inconsistency in how reports of abuse or neglect are handled and the potential implications, the Department and Board of Social Services should evaluate this issue and consider taking steps to standardize the track decision process.

In an effort to standardize the decision-making process used by caseworkers to assess safety and risk, the Virginia Department of Social Services is currently engaged in a pilot program that would provide more structure and consistency. The new model is called Structured Decision-Making (SDM). It provides an objective framework that can be used in making the following key decisions or assessments in the CPS process: response priority, initial safety of the child, and the risk assessment. SDM is designed to provide an empirically-based assessment tool for each of these decision points that will allow a CPS caseworker to consider specific criteria in reaching a more structured decision about risk to the child. Under this model, priorities assigned to cases and interventions are designed to correspond to the results of the assessment procedures. SDM does give caseworkers the latitude to override the results of the assessment tool, if there are other circumstances or conditions that compel workers to exercise their discretion.

Recommendation (3). **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.**

TWO STATUTORY CHANGES ARE RECOMMENDED

While the statutes, regulations, and policies appear to generally provide a strong framework for the administration of the State's program, two relatively minor statutory changes should be considered to further improve the system. One of the proposed changes would provide more protection to children under the age of 14 who have been alleged to have committed abuse. The other recommended change would provide greater flexibility to CPS in reaching final dispositions in certain types of cases that may require more than 60 days to complete.

Alleged Abusers Under the Age of 14 Need More Protection

One area of concern identified during the JLARC file reviewed involved cases in which the abuser was under the age of 14. In several localities, JLARC staff reviewed founded cases in which the perpetrators were as young as 11 years old.

These cases primarily involved sexual abuse on a younger relative. In some instances the young abuser was a babysitter. Statewide data indicate that in FY 2004, 26 children ranging from 11 to 13 years old had a founded case of abuse.

Under Virginia law, the alleged abuser must be the "victim's parent or other caretaker" in order for there to be a valid case. State regulations further define a caretaker to include "any person who has assumed care taking responsibility by virtue of an agreement with the legally responsible caretaker at the time the abuse or neglect occurs." There is no minimum age below which a child cannot be considered a caretaker.

The primary concern regarding founded cases against children under the age of 14 is that the long-term negative consequences of having their names placed in the Central Registry can be imposed upon them even though they may lack the mental maturity to understand the seriousness or the consequences of their behavior. Individuals with a level one finding of abuse have their name placed in the State's Central Registry for 18 years. Therefore, an 11-year-old abuser with a level one finding would remain in the State's Central Registry until the age of 29. With the Registry used as a screening tool by employers, such as schools, that are considering the application of prospective employees or volunteers who will come into contact with children, an individual found to have committed abuse may be precluded from certain career opportunities because of an act committed as an 11-year-old.

Under Virginia's criminal law, children under the age of 14 who commit a crime are afforded some protections from the legal consequences of their criminal conduct. The criminal record of a juvenile under the age of 14 who commits a crime must be expunged at the age of 19, if the juvenile is not involved in subsequent misconduct after the age of 14 and the crime would not be a felony if committed by an adult. In addition, State law specifies 14 as the minimum age at which a juvenile can be tried as an adult for certain felonies.

Based on a review of several states' laws, it appears that some states exclude young abusers from their definition of child abuse or neglect. For example, Michigan defines child abuse or neglect to include harm or threatened harm by a parent, legal guardian, or any other person responsible for the child's health or welfare but expressly excludes children under the age of 18 from the definition of a person responsible for a child's health or welfare. South Carolina and Oklahoma have similar exclusions for children under the age of 18.

In July of 2004, DSS released additional guidance for localities to address the issue of young abusers as caretakers. The guidance identified several factors that caseworkers should consider when determining if a minor is an abuser. These factors include:

1. Was it appropriate for the juvenile to have been put in a caretaking role? Was the supervision plan appropriate?

2. Was the alleged abuse by the minor indicative of his or her own abuse (for example: sexual knowledge or behavior that is age inappropriate)?

3. What is the age difference between the alleged abuser and the victim; was this peer interaction?

4. What is the minor's understanding of what he or she did; does he or she realize how inappropriate it was?

5. Is this acting out rather than abusive behavior?

Although this guidance may assist localities when addressing cases involving an alleged abuser under the age of 18, it does not preclude CPS from reaching a finding of abuse against children under the age of 14. Under current law and policy, CPS units still maintain the discretion to make a founded disposition against a young abuser. The General Assembly may wish to consider amending the *Code of Virginia* to provide greater protection to young children alleged to be abusers while ensuring that appropriate services are provided to perpetrators, victims, and families of abuse and neglect. There are at least two options that could be considered for amending the *Code of Virginia* to address this issue. They include: limiting the length of time that a child remains in the Central Registry to 19 years of age if the last act of abuse or neglect by the child was committed before the child reached the age of 14, or requiring that all cases involving alleged perpetrators under the age of 14 be handled as family assessments. Both of these options would still enable CPS to review cases involving an alleged young abuser but would reduce the long-term consequences for a young child who has been found to have abused or neglected another child.

Recommendation (4). **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.**

Sixty-Day Timeframe for Case Resolution Not Always Possible to Meet

The *Code of Virginia* requires that CPS resolve investigations or family assessments within 45 days. This time period can be extended to 60 days upon the submission of a request and written justification, but all cases are required to be resolved within 60 days.

Some cases cannot be resolved within a 60-day time period due to factors beyond the control of child protective services. Two types of cases that often cannot

be resolved within the 60-day period are sexual abuse and child fatality cases. These cases typically involve joint investigations with law enforcement, and CPS staff must work at the same pace as law enforcement in trying to resolve them. Moreover, these cases often involve medical exam reports which may not be completed for weeks or even months. As a result, CPS workers are sometimes technically in violation of law due to unavoidable circumstances.

Therefore, the General Assembly may wish to consider amending the *Code of Virginia* to provide CPS units with the means possible to remain in compliance with the law if factors beyond a CPS worker's control render it impossible to comply with the current 60-day disposition requirement in statute. Currently, statute provides an exception to the 60-day requirement for delays that result from the inability to locate the child who is the subject of a report of abuse or neglect. The statute could be amended to broaden this exception to delays that result from other factors beyond the control of CPS units that make it impossible to reach a determination within the required time period. The General Assembly may wish to require that CPS units provide written justification to the State Department of Social Services for a time extension beyond the 60-day requirement.

Recommendation (5). **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.**

INNOVATIVE PRACTICES AND PROGRAMS USED BY LOCAL CPS UNITS

In several localities visited across the State, innovative practices and programs have been implemented in order to more effectively administer protective services to children and families. Many of these practices and programs were developed either within local CPS units or across social services programs. A few, however, result from extensive collaboration between local CPS units and community agencies and organizations. These practices and programs can be classified into five categories: (1) prevention; (2) quality assurance; (3) multidisciplinary collaboration; (4) caseworker specialization; and (5) family drug courts. Exhibit 3 provides an overview of these creative practices and programs.

In Some Localities, Prevention Programs Have Been Established to Reduce the Likelihood of Future Maltreatment

Several local CPS units across the State utilize innovative practices and programs in an effort to prevent the occurrence or recurrence of child abuse and neglect. Prevention efforts primarily target families identified to be at high risk for future maltreatment according to several factors, but some prevention programs ad-

Exhibit 3

Innovative Practices and Programs Used By Local CPS Units

Prevention Programs

Family Support Program
Social workers located in elementary schools identify students and families in need of support services and, when necessary, refer families to CPS

Healthy Families
Provides intensive, in-home services for expectant mothers and first-time parents identified to be at risk of child abuse or neglect; services typically continue until children are of school age

Healthy Families Partnership
Offers parenting resources, information, and courses to the entire community of families, rather than just those identified to be at high risk

Prevention Units
Provide intervention services to those families at risk of future maltreatment, but whose situations do not yet meet the criteria for a valid CPS complaint

Quality Assurance Practices

Interjurisdictional Review
CPS staff from neighboring localities review each other's high risk cases in order to evaluate case decisions and provide feedback

Recidivism Panel
DSS staff review founded cases in which abuse or neglect recurs in order to assess whether warning signs were missed or an alternative course of action would have been appropriate

Quality Assurance Staff
A CPS staff member randomly selects approximately ten percent of cases per month in order to review whether policy was followed; feedback and training are provided to caseworkers

Multidisciplinary Collaboration

Multidisciplinary Teams
Representatives from several local agencies collaborate in order to coordinate the case process and services for victims of child abuse and neglect

Children's Advocacy Centers
In order to streamline the investigative process and minimize victim trauma, professionals and resources are available in one location for the purpose of conducting forensic interviews, medical exams, and service provision

Caseworker Specialization

Caseworkers develop an expertise in handling specific types of complex cases that require specialized interviewing and evidence collection skills, such as sexual abuse and child fatality cases

Family Drug Courts

Provide substance abuse treatment and other short- and long-term services to parents who have committed child abuse or neglect; participants are monitored for compliance, required to go before the court, and levied immediate sanctions for failure to abide by the program requirements

dress an even wider audience. The primary goal of prevention programs is to link families to support services before abuse or neglect occurs. In order to provide prevention services, local CPS units have partnered with other social services programs as well as with programs established by community organizations.

Family Support Program. The Department of Social Services in Albemarle County established the Family Support Program in an effort to achieve two goals: (1) reduce the rate of child abuse and neglect through early intervention and service provision, and (2) improve the identification process of children requiring CPS intervention. Through this school-based prevention program, Family Support staff members located in each of the county's elementary schools work directly with students and are trained to identify students and their families who are at risk for future abuse or neglect. Once they have identified these families, Family Support staff coordinate services and work closely with them to address their needs. By linking families with services such as housing, transportation, and health care, the program aims to strengthen families and alleviate the stressors that might precipitate an occurrence of child abuse or neglect. The Family Support, CPS, and foster care programs in Albemarle County have developed a protocol for determining which agency will take the lead on cases identified through the Family Support program.

In addition to working with families who appear to be at risk of future maltreatment, Family Support staff also are trained to identify students who already may be suffering from abuse or neglect. This second component of the Family Support program is in place to help ensure that children who require protective services are referred to CPS. Through the direct and frequent interaction of its staff members with students, the Family Support program pursues a proactive approach to identifying children and families in need of CPS intervention.

Healthy Families. In order to prevent the occurrence of child abuse or neglect, several localities in Virginia have established Healthy Families programs which provide intensive, in-home services that are initiated for expectant mothers and continue until their children are five years old. Participants typically are families identified by health care providers, social services programs, and other community resources as being at high risk for future child maltreatment. Through frequent home visits, Healthy Families staff members provide parents with services such as child development information, coping strategies, and parenting skills, as well as with referrals to community resources. In an effort to ensure that children are receiving adequate and timely health care, Healthy Families also helps to coordinate medical and preventive care services for participating families.

Hampton's Healthy Families Partnership. By offering a more comprehensive array of services to all families in the community, the Healthy Families Partnership (HFP) established in the city of Hampton extends beyond the early interventions provided through traditional Healthy Families programs. The goal of HFP is to strengthen families through the community-wide provision of continuous preventive and intervention services. This objective is defined by HFP staff as primary prevention. In order to achieve its goal, HFP is comprised of two partnerships: Healthy Start, which is similar to other Healthy Families programs in that it provides in-home services to families with young children, and Healthy Communities.

The Healthy Communities component is what distinguishes HFP from other Healthy Families programs. Rather than targeting only at-risk, first-time parents of newborns, the expanded programs offered through Healthy Communities are directed towards the entire community of families with children under the age of eighteen. As a result of its extended provision of services, HFP staff, as well as staff from Hampton's Department of Social Services, believe that the HFP program has contributed to reducing Hampton's rate of child abuse and neglect.

Healthy Communities offers five services to interested parents, most of which are free-of-charge. One of these services is parent education courses, which address an extensive range of child development and parenting topics. According to HFP data, these courses served approximately 3,201 parents in FY 2003. By making the classes available to all parents, regardless of whether they are identified to be at risk, HFP staff aim to reduce the stigma associated with parenting courses and to make ongoing parent education the norm for every family.

Another service provided to families through Healthy Communities is the Healthy Stages newsletter. There are 28 editions of the newsletter, each of which contains age-specific information about child development. The delivery of the newsletter is timed to correspond with children's birthdays so that parents receive a new newsletter for each year and major developmental stage of their child's life. Based on data provided by HFP staff, it appears that the parents of approximately 30,000 children received the newsletter in FY 2003.

The three remaining services offered by Healthy Communities also provide information and resources to parents. Young Family Centers have been established at all of the public libraries in Hampton and contain parenting resources available for check out as well as educational programs for young children. A fourth service offered is the Welcome Baby program, through which new mothers are visited by an HFP staff member and provided with a backpack of parenting resources, gifts, and information. The fifth program operated by Healthy Communities is the annual Child Fair at which information about community resources, parenting, and health care is provided. HFP staff estimate that approximately 8,200 people attended the fair in FY 2003.

Prevention Units. In some local departments of social services, prevention units have been established in order to provide services to at-risk families whose current situations do not satisfy the criteria for a valid CPS referral, but who still present a need for intervention services. Winchester and Prince William have developed such programs. In both of these localities, screened-out reports of alleged child abuse and neglect may be referred to the prevention units for follow-up services. In Prince William, the prevention unit also consults with the local school system to identify families for its program. Once a family has been identified, prevention staff will provide and coordinate services for the family, as well as make referrals to community resources in order to reduce the likelihood of the family requiring child protective services in the future. The prevention unit in Prince William typically offers short-term treatment to these families for about three to six months.

Several Localities Have Implemented Quality Assurance Practices in Order to Assess and Improve Case Decision-Making

Several local CPS units have implemented quality assurance practices in order to evaluate the reasonableness of decisions made across cases, improve the consistency with which caseworkers handle cases, and ensure that case decisions are made in accordance with local and State policies. These practices have been developed between neighboring localities, across local social service programs, and within local CPS units. Regardless of the structure or extent of these quality assurance practices, however, each one provides a formal process by which local CPS units regularly assess their performance.

Interjurisdictional Review. The local CPS units in the city of Alexandria, Arlington County, and Fairfax County collaborated to establish an interjurisdictional review team which meets quarterly to review a select sample of high risk cases from each other's units. The primary purpose of this cross-jurisdictional evaluation process is to provide feedback and direction to neighboring CPS staff regarding their case decisions and service plans in the most serious and complex cases. In addition, the quarterly meetings provide an opportunity for CPS staff across the three localities to share effective practices. According to one participant, other localities in the State are interested in replicating this regional review model.

Recidivism Panel. The department of social services in Prince William County created a Recidivism Panel that reviews CPS cases in which an incident of child abuse or neglect recurs within twelve months of a founded disposition. Members of this panel include a social work supervisor, the ongoing treatment supervisor, and CPS and foster care staff members. For each case of recidivism, the CPS caseworker who handled the original case presents the case history to the panel. Panel members then evaluate whether the caseworker overlooked warning signs or should have pursued an alternative course of action during the original case that might have reduced the chances of recurrence. The purpose of this review process, however, is not to reprimand the caseworker. Rather, the process serves as a learning experience for all participants.

Quality Assurance Staff. One social worker in the Portsmouth CPS unit reviews approximately five to ten percent of the cases each month to assess whether caseworkers followed appropriate CPS policy while conducting investigations and family assessments. Cases are randomly selected for this review. Based on the assessment, the quality assurance staff member provides feedback and training to individual caseworkers.

Multidisciplinary Collaboration Among Multiple Agencies Is Emphasized in Some Localities

In order to coordinate the provision of services to victims of child abuse or neglect and their families and improve the process by which multiple agencies collaborate on CPS cases, several local CPS units use a multidisciplinary approach when conducting casework. A multidisciplinary approach emphasizes frequent

communication and collaboration among several local agencies in an effort to administer child protective services efficiently and effectively. Through this collaboration, CPS units are able to provide a comprehensive and streamlined response to cases of child abuse or neglect. Examples of multidisciplinary approaches include the use of multidisciplinary teams and child advocacy centers.

Multidisciplinary Teams. In some localities, multidisciplinary teams (MDTs) meet on a regular basis and include several of the key community partners involved in handling cases of child abuse or neglect. The primary objective of these teams is to improve the coordination of the case process among local agencies and the services provided to victims of child abuse or neglect. What distinguishes these more established MDTs in some localities from those found across the State is the frequency with which they meet as well as the level of collaboration among their members. For example, in the city of Hampton, one of the Juvenile and Domestic Relations Court judges organized a multidisciplinary team comprised of representatives from several of Hampton's local community agencies including CPS, the local school system, and the CSB. The team meets monthly in order to discuss how CPS cases are being processed and what areas are in need of improvement. According to the CPS coordinator in Hampton, the work done by this multidisciplinary team has assisted in clarifying and tightening up CPS-related issues.

Children's Advocacy Centers. Several children's advocacy centers (CAC) have been established across the State in order to support collaboration among members of MDTs and provide rehabilitative services to victims of sexual abuse or severe physical abuse and their families. The primary objective of CACs is to minimize the trauma endured by victims by streamlining the delivery of immediate and comprehensive services and key components of the investigation, such as interviews. In order to achieve this goal, CACs provide the necessary staff and resources on-site to allow for the investigative process and services to be coordinated and initiated without delay.

In Fairfax County, ChildHelp USA established a CAC that is used by CPS staff and other MDT members to conduct primarily sexual abuse investigations and provide services to families. The sexual abuse and ongoing services teams of Fairfax's CPS unit are co-located at the CAC. These CPS staff members are able to meet with representatives from mental health, the prosecutor's office, law enforcement, and the medical profession at the CAC in order to coordinate their case-related responsibilities.

The organization of the CAC in Fairfax also minimizes the trauma experienced by victims who are subject to forensic interviews and exams and allows them and their families to receive multiple services in one location. For example, rather than victims enduring multiple interviews by multiple people involved in the investigation, one forensic interview is conducted by a member of the multidisciplinary team while other team members observe it via video in another room. In addition, equipment and staff for conducting forensic exams are located at the CAC which prevents victims from having to travel to another location for these medical procedures. A therapist from the CSB also is on-site to provide counseling and therapy to victims and families. According to the CPS program manager in Fairfax, the CAC is

improving the quality of the work CPS does and has closed preexisting gaps in the provision of services.

The Southwest Virginia Children's Advocacy Center in Big Stone Gap provides on-site therapy for victims of sexual abuse and severe physical abuse as well as investigative resources for professionals involved in the handling of these cases. Forensic interviews may be conducted at the center, although CPS supervisors indicate that their staff primarily use the center to ensure that victims of sexual abuse receive the necessary therapy. The provision of sexual abuse counseling to victims by the center's director fills an apparent void in this service area.

In Some Local CPS Units, Caseworkers Specialize in Handling Particular Types of Cases

Some local CPS units have a staff member or team that specializes in particular types of child abuse and neglect cases, such as those involving domestic violence, sexual abuse, or out-of-family investigations. Caseworkers who specialize develop an expertise in handling these particularly complex and intense cases. In the City of Richmond, most of the validated CPS reports alleging domestic violence are referred to the Family Violence Prevention Program. This program is staffed by social workers who are certified in CPS and who have received specialized training in domestic violence. The supervisor of this program believes its greatest strength is that it allows for staff who are trained to handle domestic violence cases and to provide counseling services, as well as who are familiar with the available community resources, to be readily available to serve families. In both Chesapeake and Fairfax County, the CPS units have a sexual abuse team that investigates any validated reports of sexual abuse. Chesapeake also assigns all out-of-family investigations to one senior caseworker. According to one Fairfax supervisor, having staff members who specialize in sexual abuse cases is critical to ensuring that the cases are handled appropriately. The complexity of such cases requires substantial evidence collection and expert interviewing techniques in order to fully ascertain the facts of these cases, the potential for future harm, and the appropriate rehabilitative services.

Family Drug Courts Have Been Established in Three Localities to Serve Families At Risk of Abuse or Neglect

Family drug courts have been established in the cities of Alexandria, Charlottesville, and Richmond to monitor and provide intensive substance abuse treatment and case management services primarily to parents at risk of having their children removed as a result of a child abuse or neglect case, as well as those who already have had their children placed in foster care. The primary goals of these courts are to assist parents whose substance abuse impedes their ability to protect their children and to provide them with long-term services and case monitoring so that they may adequately provide for the safety and well-being of their children. In both Alexandria and Charlottesville, participants are selected from CPS cases that are brought before the court or from foster care cases. The Richmond family drug court program serves mothers who recently gave birth to a substance-exposed new-

born. Due to the recent receipt of additional funds, however, there are plans to expand the Richmond program in order to serve more families at risk of abuse or neglect.

Participants in family drug courts typically are required to complete several program components, including substance abuse treatment, regular meetings with a case manager, frequent court appearances, and other services recommended by treatment professionals. Failure to comply with these requirements or to pass drug tests may result in immediate sanctions, including jail time. The immediacy with which consequences are levied as well as the intensive and coordinated provision of services are key components of the family drug courts. These courts provide a unique treatment program for parents in that they are held accountable for satisfying high standards while simultaneously they are afforded a comprehensive support system by which to overcome their addictions and acquire the skills necessary to retain or regain custody of their children. One Richmond judge described the family drug court model as a "cadillac" program, stating that it presents, "real intensive services and real intensive expectations for participants."

Appendixes

Appendix A

Study Mandate

House Joint Resolution 193 of the 2004 session directed JLARC to study the operation and performance of the Commonwealth's social services system, including specifically the delivery of prevention and early intervention services, which are provided by the Child Protective Services program. A copy of the resolution is provided below.

House Joint Resolution No. 193

Directing the Joint Legislative Audit and Review Commission to study the operation and performance of the Commonwealth's social services system. Report.

Agreed to by the House of Delegates, February 17, 2004
Agreed to by the Senate, March 9, 2004

WHEREAS, vital social services are delivered to citizens of the Commonwealth through a system that includes the Department of Social Services, local departments of social services, and community action agencies; and

WHEREAS, the social services system's strategic plan for State Fiscal Years 2004-2006 states the system's mission as "People helping people triumph over poverty, abuse and neglect to shape strong futures for themselves, their families, and communities," and its vision as "A Commonwealth in which individuals and families have access to adequate, affordable, high quality human/social services that enable them to be the best they can"; and

WHEREAS, having available adequate resources is important to the social services system's ability to ensure that quality services are delivered in a timely manner and to fulfill the system's mission and vision; and

WHEREAS, the Department of Social Services and local departments of social services utilize a number of complex information systems to deliver services to customers, and the need for appropriate interfacing through these systems with other agencies is critical to comprehensive service delivery; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Joint Legislative Audit and Review Commission be directed to study the operation and performance of the Commonwealth's social services system.

In conducting its study, the Joint Legislative Audit and Review Commission shall assess the effectiveness of the social services system as measured by (i) changes in customer self-sufficiency; **(ii) the delivery of effective prevention and early intervention services;** (iii) the availability of necessary resources to ensure the delivery of quality services in a timely manner; and (iv) the adequacy and effectiveness

of information systems, such as the Application Benefit Delivery Automation Project (ADAPT), including the effective coordination of services by the Departments of Social Services, Medical Assistance Services, and Juvenile Justice. The Joint Legislative Audit and Review Commission shall make recommendations based upon the findings of the study to improve the Department's performance for each of these measures.

All agencies of the Commonwealth shall provide assistance to the Joint Legislative Audit and Review Commission for this study, upon request.

The Joint Legislative Audit and Review Commission shall report concerning State Fiscal Year 2005. The Chairman shall report the Commission's findings and recommendations to the Governor, the General Assembly, and the Commissioner of the Department of Social Services by December 31, 2005, and shall submit to the Division of Legislative Automated Systems an executive summary of its findings and recommendations no later than the first day of the 2006 Regular Session of the General Assembly. The executive summaries and the documents shall be submitted as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents and reports and shall be posted on the General Assembly's website.

Appendix B:
Virginia's Performance on the Federal Child and Family Services Review

Virginia's Performance on the Outcomes of the Child and Family Services Review					
	Outcomes			Performance Indicators	
Outcomes and Performance Indicators	% of Cases in which Substantially Achieved	Substantial Conformity Y=yes N=no	% of States in Substantial Conformity[1]	Strength (S) or Area Needing Improvement (ANI)	% of States Rated as Strength[1]
Safety Outcome 1 – Children are first and foremost, protected from abuse and neglect.	85	N	12		
Item 1: Timeliness of Initiating Investigations of Reports of Maltreatment				ANI	40
Item 2: Repeat Maltreatment				S	33
Safety Outcome 2 – Children are safely maintained in their homes whenever possible	81	N	12		
Item 3: Services to family to protect children and prevent removal				S	40
Item 4: Risk of harm to children				ANI	33
Well-Being Outcome 1 – Families have enhanced capacity to provide for children's needs	66	N	0		
Item 18: Child and family involvement in case planning				ANI	10
Item 19: Worker visits with child				ANI	25
Item 20: Worker visits with parents				ANI	14
Well-Being Outcome 2 – Children receive services to meet their educational needs	92	Y	31		
Item 21: Educational needs of child				S	31
Well-Being Outcome 3 – Children receive services to meet their physical and mental health needs	84	N	2		
Item 22: Physical health of child				S	39
Item 23: Mental health of child				ANI	8

Note: Although the CFSR assesses 7 outcome measures and their corresponding performance indicators, only those pertaining in part to CPS are included in this table.
[1] Performance ratings of the District of Columbia and Puerto Rico are included.

Source: Administration for Children and Families' *General Findings from the Federal Child and Family Services Review* and the Virginia Department of Social Services' *Final Report: Virginia Child and Family Services Review.*

Virginia's Performance on the Systemic Factors of the Child and Family Services Review

Systemic Factors and Performance Indicators	Systemic Factors			Performance Indicators	
	Rating[1] (1-4)	Substantial Conformity Y=Yes N=No	% of States in Substantial Conformity[2]	Strength (S) or Area Needing Improvement (ANI)	% of States Rated as Strength
Quality Assurance System	3	Y	67		
Item 30: Standards to ensure quality services and ensure children's safety and health				S	85
Item 31: Identifiable QA system that evaluates the quality of services and improvements				S	60
Training	1	N	65		
Item 32: Provision of initial staff training				ANI	65
Item 33: Provision of ongoing staff training that addresses the necessary skills and knowledge				ANI	52
Service Array	2	N	44		
Item 35: Availability of services				ANI	48
Item 36: Accessibility of services in all jurisdictions				ANI	17
Item 37: Ability to individualize services to meet unique needs				S	58
Agency Responsiveness to Community	4	Y	94		
Item 38: Engages in ongoing consultation with critical stakeholders in developing the CFSP				S	88
Item 39: Develops annual progress reports in consultation with stakeholders				S	77
Item 40: Coordinates services with other Federal programs				S	87

Note: Although the CFSR assesses 7 systemic factors and their corresponding performance indicators, only those pertaining in part to CPS are included in this table.

[1] In order to achieve substantial conformity, a state must receive a rating of three or four on a four-point scale.

[2] Performance ratings of the District of Columbia and Puerto Rico are included.

Source: The Administration for Children and Families' *General Findings from the Federal Child and Family Services Review*, 2004, and The Administration for Children and Families' *Final Report: Virginia Child and Family Services Review*, 2004.

Appendix C

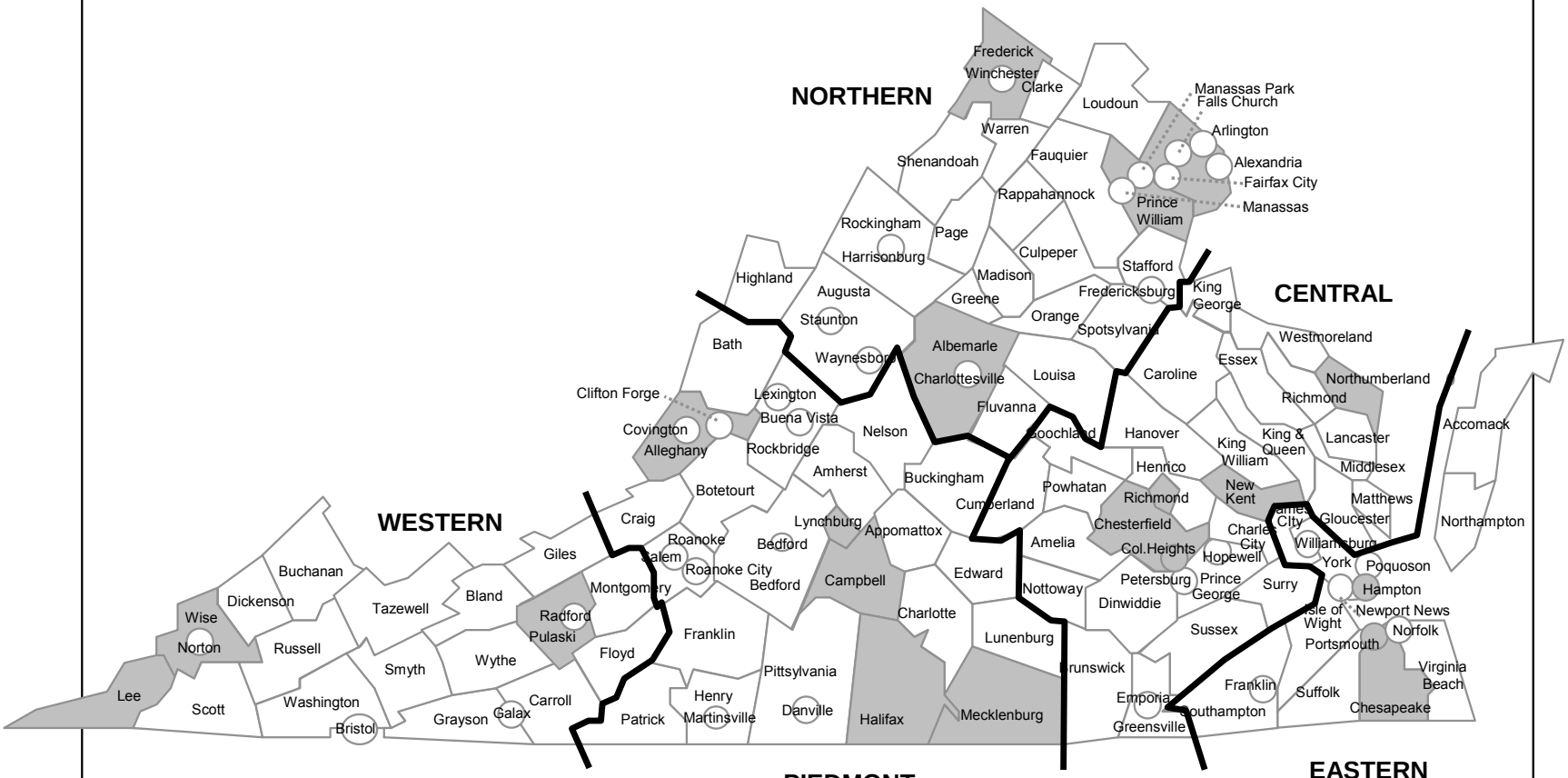
Profile of Localities Selected for Review

One of the primary components of the Child Protective Services study was the locality review. JLARC staff selected a subset consisting of 19 of the 120 CPS units to provide a representation of how CPS is administered throughout the State. Localities were selected based on three primary criteria: geographic location, population density, and the approach used for handling CPS cases. The map on the next page illustrates the 19 localities visited by JLARC staff.

The team attempted to obtain geographic diversity in the subset by selecting a relatively even proportion of cases from each of the five DSS regions. Three localities were selected for review in the eastern and western regions, four were selected in the central and northern regions, and five localities were selected in the Piedmont region. The team also wanted to ensure that the subset had a relatively even distribution of localities based on population density. Localities were selected based on three population density categories: suburban, urban, and rural. Six of the localities selected were suburban, eight were rural, and five were urban.

Given the wide variation in the approach used to address CPS cases, the team wanted to include localities in the subset that used different approaches for handling cases. The major difference in approach is the extent to which local CPS units use the investigation or family assessment track to handle cases. Some localities handle most of their cases as investigations, while others primarily use family assessments. Based on FY 2003 data, the team assigned localities to one of the following categories, based on the percentage of cases they conducted as investigations and family assessments: (1) those that conducted a high percentage of family assessments compared to the State average (57 percent) and a correspondingly low percentage of investigations, (2) those that conducted a high percentage of investigations compared to the State average (43 percent) and a correspondingly low percentage of family assessments, and (3) those that conducted percentages of family assessments and investigations similar to the statewide averages. Of the 19 localities selected for review, six had a high proportion of family assessments, and the same number had close to the State average for investigations and family assessments. The remaining seven localities had a high proportion of investigations. The table on the page C-3 provides a matrix of the localities identified for local review and their classifications according to the three primary criteria used to select them.

Localities Selected for JLARC Review



Note: Colonial Heights is included in the Chesterfield protective services coverage area.
Source: JLARC graphic based on DSS map.

Criteria Used to Select Localities for Review

Locality	DSS Region					Classification of Localities According to the Proportion of Cases Assigned to Either Track		
	Central	Eastern	Northern	Piedmont	Western	High Percentage of Investigations	High Percentage of Family Assessments	Average Percentage of Investigations and Family Assessments
Suburban Localities								
Albemarle			√				√	
Campbell				√		√		
Chesterfield	√						√	
Chesapeake		√				√		
Fairfax			√				√	
New Kent	√							√
Urban Localities								
Hampton		√				√		
Lynchburg				√				√
Portsmouth		√					√	
Prince William			√				√	
Richmond City	√					√		
Rural Localities								
Alleghany				√			√	
Halifax				√				√
Lee					√		√	
Mecklenburg				√		√		
Northumberland	√							√
Pulaski					√			√
Winchester			√			√		
Wise					√			√
Total	4	3	4	5	3	6	7	6

Note: Of the cases that were referred, 43 percent were investigated and 57 percent were handled as family assessments in fiscal year 2003.

Source: "CPS Referrals and Findings: 7/1/2002 – 6/30/2003." Data extracted from OASIS system. VA DSS.

In addition to their geographic diversity and varied population densities, the sample of 19 localities includes 38 percent of the State's population of children 17 or younger based on the 2000 census. About one-third of the reports of child abuse or neglect received by the State or localities in 2003 were handled by these 19 localities. The statewide average rate of abuse and neglect per 1,000 children is higher in the 19 localities (5.9 percent) than the State as a whole (3.7), but this appears to be the result of selecting two localities for review that had high abuse rates. The table on the next page provides summary data for the State and the localities selected for review by population aged 0-17 years, the total number of reports resolved or screened out, and average rates of abuse.

Profile Data for 19 Localities Selected for Review

	Total Population Aged 0-17 years	Total Number of Reports Resolved or Screened Out	Rate of Abuse and Neglect Per 1,000 Children
Total	1,779,408	51,740	3.7
Sample	610,767 (38%)	16,566 (35%)	5.9

Source: "CPS Referrals and Findings: 7/1/2002 – 6/30/2003." Data extracted from OASIS system and provided by the Virginia Department of Social Services.

Appendix D

Caseload Data and Methodology

This appendix describes the variables and methodology used to calculate average active caseloads per month and net worker need by locality for child protective services (CPS) workers reviewing family assessment and investigation cases. A lack of adequate data on ongoing service cases prevented JLARC staff from calculating average caseloads and net worker need for the ongoing services component.

Variables Used to Calculate Average Caseload and Net Worker Need

Two variables were used to calculate average caseload and net worker need. The first variable was the number of full-time equivalent (FTE) positions that reviewed family assessment and/or investigation cases in FY 2004. Data for this variable were provided by local DSS directors through a JLARC survey and with the assistance of State DSS staff. DSS directors were asked to exclude positions that were filled for less than half of FY 2004 in their FTE calculation in order to provide a more accurate reflection of actual staff time available to conduct family assessments and investigations. The second variable was the number of family assessment and investigation cases accepted in FY 2004. This includes all cases that were opened in FY 2004 regardless of whether they were resolved in the same time period. This data was provided by DSS staff.

Methodology to Calculate Active Caseloads per Month per Worker

Active caseloads per month were calculated based on a formula developed by JLARC staff. This calculation could then be compared with the Child Welfare League of American (CWLA) recommended caseload guideline of 12 active cases per month per worker. In order to calculate the average active caseload per month, JLARC staff first determined the average time a family assessment or investigation case remained active. This calculation was determined based on the difference between the date of the initial report of abuse and neglect and the date the case was closed by the caseworker. Cases that were open for longer than 180 days (6 months) were not included in the average calculation. (Based on the JLARC staff review of over 1,200 family assessment/investigations cases, it was determined that cases that were open for longer than 6 months were not active, but either had not been formally closed in OASIS, or were awaiting additional information from another agency, such as a police report or medical examination results.) JLARC staff analysis indicated that the number of days a case remained active in FY 2004 was 37.5.

Once the active time period was calculated, JLARC staff developed a ratio of 37.5 to 30 to account for the longer time period that a case remained active (37.5 days) than a month (30 days). The average active cases per month was determined by multiplying the number of cases opened in FY 2004 by the active time period ratio 37.5 to 30, and then dividing by 12 (the number of months in a year). This

figure was then divided by the number of FTE positions available in FY 2004 to determine the average active caseload per month. (The exhibit below illustrates the calculations used to determine average active caseloads per month.)

Formula to Calculate Average Active Caseloads per Month per Worker

Average active cases per month =	**(Cases Opened in FY 2004)*(37.5/30) / 12 months**
Average active caseload per month per worker =	**Average active cases per month / FTE positions in FY 2004**

Estimated Net Worker Need Based on DSS Workload Study

The net worker need formula is one that was used to conduct a DSS workload study in 2000. The formula was developed to determine the number of workers needed to complete specified tasks or cases within each local DSS office. The estimate was determined based on the number of cases, multiplied by the minimal time to complete a case, and divided by the staff time available per month to directly work on cases. The exhibit below provides the general methodology for determining net worker need.

General Formula to Calculate Net Worker Need

Worker Need for Specified Activity =	**(Number of cases * minimal time) / Staff time available per month**
Net Worker Need for Specified Activity =	**(Worker Need for specified activity) – (Number of existing workers for specified activity)**

The workload study determined that the minimal time to complete a CPS investigation/family assessment case was 9.55 hours and that service workers had approximately 104 hours (60 percent of their time) per month available to work on cases. Using these figures, the exhibit provided below was developed to determine net need. (Note: The formula converts the need to an annual figure by multiplying the hours available per month by 12 months.)

Formula to Calculate Net Worker Need for CPS Family Assessment/Investigations

Worker Need to Complete CPS Family Assessment/Investigations in FY 2004 =	**(Cases Opened in FY 2004 * 9.55) / 104 * (12 months)**
Net Worker Need for CPS Family Assessment/Investigations per Year =	**(Worker need to complete CPS family assessment/investigations in FY 2004) – (FTE positions in FY 2004)**

Appendix E

Agency Responses

As a part of the extensive validation process, State agencies and other entities involved in a JLARC assessment effort are given the opportunity to comment on an exposure draft of the report. Appropriate technical corrections resulting from comments provided by these entities have been made in this version of the report. This appendix contains the written response of the Department of Social Services.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

December 7, 2004

Mr. Philip A. Leone, Director
Joint Legislative Audit and Review Commission
General Assembly Building, Suite 1100
Capitol Square
Richmond, Virginia 23219

Dear Mr. Leone:

Thank you for providing me and my staff with the opportunity to review the draft report on Child Protective Services, prepared by the Joint Legislative Audit and Review Commission. We have reviewed the report, and forwarded our comments to Mr. Hal Greer on December 2, 2004. The Department of Social Services does not have any additional comments to be included in the report at this time.

Again, thank you for the opportunity to respond to the report. Please do not hesitate to contact me or Vickie Johnson-Scott with any questions. Ms. Johnson-Scott can be reached at 726-7513 or vickie.johnson-scott@dss.virginia.gov.

Sincerely,

Maurice A. Jones

Maurice A. Jones
Commissioner

c: Vickie Johnson-Scott
Hal Greer

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