COMMONWEALTH of VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
Office of the Commissioner

Danny TK Avula MD, MPH
Commissioner

May 11, 2023

MEMORANDUM

TO: The Honorable Glenn Youngkin
Governor of Virginia

Members, Virginia General Assembly

FROM: Danny TK Avula MD, MPH

SUBJECT: Report on the Director of Foster Care Health & Safety

This report is submitted in compliance with Chapter 446 of the 2019 Acts of Assembly (Foster Care Omnibus Bill), which states:

2. That the Commissioner of Social Services shall establish within the State Department of Social Services (Department) a director of foster care health and safety position. The director of foster care health and safety shall (i) identify local boards of social services (local boards) that fail to provide foster care services in a manner that complies with applicable laws and regulations and ensures the health, safety, and well-being of all children in the supervision and control of the local board; (ii) ensure that local boards remedy such failures, including those related to caseworker visits, safe and appropriate placement settings, and the provision of physical, mental, and behavioral health screenings and services; (iii) ensure that reports of abuse, neglect, mistreatment, and deaths of children in foster care are properly investigated; (iv) manage the process through which the Department reviews children's residential facility placements for medical necessity; and (v) track health outcomes of children in foster care. On or before November 30 of each year, the director of foster care health and safety shall report to the Governor and the General Assembly on the implementation and effectiveness of such objectives and any other issues relevant to the health, safety, and well-being of children in foster care.

Please contact me should you have any questions at (804) 726-7017.

DA:kc
Attachment

cc: The Honorable John Littel, Secretary of Health and Human Resources

Virginia Department of Social Services
Report on Chapter 446 of the 2019 Acts of Assembly
Foster Care Omnibus Bill
2022

Background and Report Mandate

Chapter 446 of the 2019 Acts of Assembly (Foster Care Omnibus Bill) made numerous changes to the laws governing the provision of foster care services in Virginia. The second enactment clause directs the Commissioner of Social Services to establish, within the Virginia Department of Social Services (VDSS), a Director of Foster Care Health and Safety. The statute requires the Director of Foster Care Health and Safety to (i) identify local boards of social services (local boards) that fail to provide foster care services in a manner that complies with applicable laws and regulations and ensures the health, safety, and well-being of all children in the supervision and control of the local board; (ii) ensure that local boards remedy such failures, including those related to caseworker visits, safe and appropriate placement settings, and the provision of physical, mental, and behavioral health screenings and services; (iii) ensure that reports of abuse, neglect, mistreatment, and deaths of children in foster care are properly investigated; (iv) manage the process through which VDSS reviews children's residential facility placements for medical necessity; and (v) track health outcomes of children in foster care.

Furthermore, the second enactment clause requires, on or before November 30th of each year, for the Director of Foster Care Health and Safety to report to the Governor and General Assembly on the implementation and effectiveness of such objectives and any other issues relevant to the health, safety and well-being of children in foster care.

Status of hiring a Director of Foster Care Health and Safety

The 2018 Joint Legislative Audit Review Commission (JLARC) report on improving foster care recommended this position be similar to medical director positions created in New Jersey, Maryland, and Tennessee. In those states, the medical director must be a licensed physician with experience providing medical care to children and be knowledgeable about the unique health needs of children in foster care.

VDSS developed a job description that specifies that this position will be responsible for identifying local departments of social services (LDSS) that fail to provide foster care services in a manner that complies with applicable laws and regulations and that ensure the well-being, health, and safety of all children in foster care. Among other responsibilities, the director will ensure that LDSS remedy any failures in practice (e.g., conducting monthly caseworker visits, the provision of physical, mental, and behavioral health screenings and services to children, and oversight of psychotropic medication use, etc.) and track health outcomes for children in care. VDSS established the following minimum qualifications for the position:

1) Licensed physician (MD or DO degree) in good standing in the state of Virginia,

2) Experience providing medical care to children,

3) Board-certified through the American Board of Medical Specialties,

4) Knowledge of unique health care and developmental needs of children in foster care and the application of standardized medical necessity criteria in medical decision making,

5) Skills to analyze data and report trends, and

6) Proficiency in written and verbal communications.

The Foster Care Omnibus Bill went into effect on July 1, 2019. VDSS established an approved Employee Work Profile (EWP) on July 9, 2019. The position was posted for recruitment on July 12, 2019. After several months during which no applications for the position were received, VDSS made an adjustment to increase the potential starting salary to the maximum amount funded by the budget allocation. VDSS continued to advertise and recruit for this position until the COVID-19 pandemic began in March 2020. Interviews were conducted on two different dates, during which several promising candidates expressed interest in the position of Director of Foster Care Health and Safety, so long as the position was part-time. VDSS was in the process of exploring the possibility of modifying the job description to allow for a candidate to, at least, begin in the position on a part time rather than full time basis, when the Governor declared a State of Emergency and instituted a hiring freeze. The State of Emergency expired on June 30, 2021. VDSS continues to prioritize efforts to fill positions which became vacant during the hiring freeze. The position of Director of Foster Care Health and Safety is currently being evaluated to post with revised criteria and as a part time or PRN position so that VDSS will be able to recruit effectively by the next fiscal year.

Regional Office Staffing

The Foster Care Omnibus Bill established two additional regional consultant positions in each of the five regional offices. These positions were intended to significantly increase the level of technical assistance support and ongoing review of case work which VDSS can provide the LDSS. As of July 2019, six of the ten new positions were filled. VDSS continued to advertise and recruit for the four vacant positions until the COVID-19 pandemic began in March 2020 and the subsequent hiring freeze was instituted. Once the hiring freeze was lifted, VDSS was able to fill the four remaining vacancies. As new consultants were hired, VDSS focused on restructuring the current regional consultant positions, so that there would be three permanency consultants and a diligent recruitment consultant in each of the five regions. At this time, all five regional offices are fully staffed with three permanency consultants and one diligent recruitment consultant.

VDSS regional permanency consultants have been tasked with providing ongoing review of all placements of children in congregate care, to ensure that such placements are medically necessary and to support the movement of these children to family-based placements as soon as possible. Additionally, these consultants provide oversight for psychotropic medications and oversight for the provision of physical, mental, and behavioral health screenings and services. Over the course of SFY 2021, regional permanency consultants reviewed all cases where children were placed in a congregate care setting. In October 2021, the focus of the case review process shifted to the review of all cases where children were newly placed in a congregate care setting. Each case is reviewed within three months of placement to ensure that discharge planning begins immediately. These efforts support the reduction in the amount of time children stay in congregate care and the overall decrease in the use of congregate care placements.

The five diligent recruitment consultants report to a diligent recruitment program manager position, also established through the Foster Care Omnibus Bill. The five regional diligent recruitment consultants and the program manager are working with LDSS staff to support improved kinship foster care practices, as well as expanding the pool of available foster families through enhanced foster family recruitment and retention activities. In 2022, this team introduced and implemented the Faster Families Highway Recruitment Portal (the Portal) through a contract with Adoption Share which was executed in August 2022. In partnership with regional office directors and local champions, including LDSS early adopters, the Portal was adopted in the Piedmont region, followed by Western, Northern and remaining regions.

The Portal provides a centralized system to manage inquiries by prospective foster parents and elevate those parents who are best prepared to begin the process of seeking approval by their local department. Each LDSS will have access to its own branded recruitment portal where prospective foster and adoptive families can access and begin completion of the 6-step recruitment process. Unique URLs will be embedded on websites and on printed materials using QR codes that will direct prospective foster parents into the Portal. The regional diligent recruitment consultants can use the Portal to ensure that all prospective foster family applicants are responded to timely and are directed to LDSS who are prepared to work with them in the relatively near future. Over time, VDSS will have more information about how many families actually complete the training and approval process, where those families are located, and what types of children they are best prepared to foster. This information, in turn, will be used to assist LDSS to locate families outside their resource family pool when they do not have a family immediately available.

All of the consultants continue to work with our Quality Assurance and Accountability (QAA) case review team, program managers, and the Continuous Quality Improvement (CQI) team at the Division of Family Services (DFS) at VDSS to identify particular trends and performance results surrounding congregate care, problem solve with local agencies to reduce the use of congregate care, and promote kinship placements.

Strategic consultant positions were created in 2020 in order to improve foster care performance outcomes through CQI processes and statewide and regional reviews. However, VDSS experienced a hiring freeze due to COVID-19 that intersected with the initial hiring process for these positions. The positions were put on hold for the duration of the pandemic and reposted after the freeze was lifted in July 2021. In August 2021, the first strategic consultant was hired, followed by two more in the fall of 2021. In August 2022, the final 2 strategic consultant positions were filled, fully rounding out the CQI team.

In January 2022, the strategic consultants spear-headed the implementation of a CQI program at the statewide and regional levels, building out work that had been done over the past two years to install the methodology surrounding CQI and support data literacy and data informed decision-making internally and in the field. The current CQI model enables state and local partners to come together in statewide and regional meetings each month to review identified high priority data that connects to foster care performance areas, including youth aging out of care, congregate care placements, use of kinship and fictive kin placements, and In Home practice preventing entries into foster care.

Issues pertaining to LDSS staffing, implementation of foster care policy and practice are identified and addressed in partnership with the CQI and regional practice consultant teams with trends and individual performance issues addressed through a multi-pronged approach, including direct follow up and onsite technical assistance and coaching in agencies, and continued work to identify supports the state can provide to address systemic barriers (i.e. caseloads, staffing, recruitment/retention, training).

Status of reporting requirements

Although the position of Director of Foster Care Health and Safety has not been filled, the provisions of the Foster Care Omnibus Bill related to the position are being addressed as VDSS works toward full implementation of the requirements of the bill. The status of each of the objectives within the reporting criteria of the Foster Care Omnibus Bill are noted below:

(i) Identify local boards of social services (local boards) that fail to provide foster care services in a manner that complies with applicable laws and regulations and ensures the health, safety, and well-being of all children in the supervision and control of the local board; and, (ii) ensure that local boards remedy such failures, including those related to caseworker visits, safe and appropriate placement settings, and the provision of physical, mental, and behavioral health screenings and services.

Workgroups comprised of VDSS staff and LDSS Directors convened in 2020 to define accountability for the provision of foster care services. Workgroups designed draft guidance and processes to address when a local board fails to provide foster care services in a manner that complies with applicable laws and regulations. In May 2021, guidance was published that defined the corrective action process (see *Section A: Practice Foundations* of the Child and Family Services Manual). This process standardizes the performance expectations related to the criteria within the Foster Care Omnibus Bill and provides a mechanism through which LDSS can understand their level of risk should they fail to sufficiently provide foster care services.

VDSS published guidance in May, 2021 regarding the ability of VDSS to manage performance of LDSS and implement corrective action. Currently, VDSS is conducting a review of this process and guidance. VDSS also retains the ability to immediately enter into a Corrective Action Plan with any local board governing a LDSS that is failing to provide foster care services based on authority granted to VDSS in Virginia Code § 63.2-904.1. After a thorough review, VDSS intends to make updates and adaptations in order to more clearly reflect the Code requirements and the reality of how CQI and performance management is undertaken for LDSS. VDSS regularly reviews data trends at state and regional levels to provide plans of action and recommendations for improvement. VDSS partners with the LDSS, other entities providing oversight, including the Office of the Children's Ombudsman (OCO), to identify agencies in need of greater support and intervention as concerns arise. Through the normal course of CQI, agencies with continual or chronic barriers to successful outcomes are identified and supported through targeted technical assistance, coaching from regional office staff, or other avenues (including targeted recruitment assistance), to have a greater likelihood of becoming successful and mitigating risk.

Caseworker visits

LDSS caseworkers have been consistently meeting the compliance expectation that 95% of children in foster care are visited face-to-face each month since it was established in 2014. For the reporting period of July 1, 2021 to June 30, 2022, the face-to-face monthly visit rate was 97.5% with 80.9% of those visits taking place in the child's residence. The federal standard for visits in the child's residence is 50%; therefore, VDSS has exceeded the standard by 30.9%. VDSS provided additional technology to LDSS during the pandemic to ensure that worker visits could be completed virtually (as permitted by federal and state regulatory waivers) while ensuring confidentiality. Although VDSS no longer maintains the contract for this technology, many LDSS have entered into their own contract, so the workers still have access to the virtual platform.

Safe and appropriate placements

Diligent recruitment consultants and the diligent recruitment program manager are responsible for implementing a data-driven strategic plan, to be updated biennially, to improve the recruitment and retention of foster families and provide greater availability of safe and appropriate placements. Objectives of the Diligent Recruitment plan include improving the availability and quality of data regarding available foster homes. The diligent recruitment consultants and program manager continue to work to improve data collection. Diligent recruitment consultants also assist LDSS in developing data driven recruitment plans to ensure that foster families are available in the communities from which children are removed and that foster families represent the racial and ethnic makeup of children in foster care. The implementation of the Faster Families Highway Recruitment Portal supports these efforts.

Practice guidance has been revised to include the requirement of relative searches and documentation of efforts in the electronic case management system (OASIS/COMPASS) at the following points: prior to removal, at each placement change, and annually. Upon the release of the updated guidance, training for workers was conducted. Additionally, reminders for workers and supervisors were added to the COMPASS Mobility App to correspond with each aforementioned search point. Relative search content has also been added to regulations and is making its way through the regulatory process. Practice consultants have also focused on relative searches and provided technical assistance around this through their work with the congregate care reviews.

To further support the use of appropriate placements, regional consultants review all cases where children have been in care for 24 months or longer and cases where youth are at-risk of aging out of foster care. This includes youth whose parental rights have been terminated and do not have an adoptive family identified. Through this process the regional consultants assist LDSS to find permanent homes for these children. These elements are included in the ongoing statewide CQI process to identify trends and provide analysis and follow up with LDSS. Reports that track the percentage of children in foster care by length of stay and the average length of stay by state and region have been developed and are distributed quarterly. VDSS is also working with LDSS on maintaining accurate resource family lists, which include demographic and capacity information.

Caseload standards can also impact the ability for LDSS to make appropriate placements. In 2020, VDSS established caseload standards of 15 cases per each Family Services Specialist. The

caseload standard has been included in *Section 1: Practice Foundations* of the Child and Family Services Manual and was included in a regulatory action that became effective on March 17, 2022. In June 2022, 20.4% of children in foster care were assigned to a caseworker with more than 15 cases. This is an indication of the high vacancy rate in LDSS due to turnover as opposed to a lack of a sufficient number of positions.

Due to limitations in the current case management system, OASIS, gathering data is a very labor-intensive process. In order to assist in tracking these measures, VDSS is working on developing a dashboard, which may require a new platform, to host the specific measures to be made available to local boards and local agencies, to include: (1) the number of children who did not receive all required caseworker visits and the amount of time that has lapsed since each child's last visit; (2) the number of children placed in children's residential facilities; (3) the number of children who have been in foster care for more than 24 months, 36 months, and 48 months; (4) safety concerns identified in case reviews and whether such concerns have been alleviated; (5) the number of foster care caseworkers with caseloads exceeding the standard established as a result of the directive in Virginia Code 63.2-913.1; (6) the number of children in foster care assigned to a caseworker with a caseload exceeding the standard established as a result of the directive in Virginia Code 63.2-913.1; and (7) the turnover rate of foster care caseworkers and the level of experience of each of these caseworkers. The local boards will be required to provide any data and information necessary for VDSS to populate the dashboard. In the interim, LDSS caseworkers and supervisors have access to SafeMeasures® which provides interactive reports that show past and current performance as well as upcoming work. While it doesn't include all of the measures listed above, it is a tool that allows caseworkers to view data in a way that OASIS does not allow.

Beginning July 1, 2021, VDSS implemented Qualified Residential Treatment Programs (QRTP) as part of the Family First legislation. One of the requirements of a QRTP is that children who have been placed in a QRTP for a certain period of time are to be reviewed by the Commissioner of VDSS to approve a continued placement. The QRTP team and the permanency consultants staff these cases and makes recommendations to ensure that children are receiving high quality care and preparing for discharge. Since implementation of QRTP, 33 cases have been through the commissioner review process.

Provision of physical, mental and behavioral health screenings and services

Regional consultants provide oversight for LDSS for the provision of physical, mental, and behavioral health screening and services for children and youth in foster care. Additionally, VDSS has partnered with the Department of Medical Assistance Services (DMAS) through the use of an annual report published by DMAS pertaining to foster care, as well as ongoing collaboration between the two agencies. This ensures that VDSS will continue to utilize information and data to address physical, mental and behavioral health screenings and services from an administrative level. In the 2020-21 Foster Care Focused Study, physical, mental and behavioral health screening and service rates were better than those in the non-foster care population control group. Children and youth in foster care received well child visits at 68% compared with 48.5% of children and youth not in foster care (comparison group); an annual dental visit rate of 79% compared with 50% for non-foster care populations; and access to preventative dental services at a rate of 72%, compared with 42.8% for non-foster care populations. For behavioral health comparisons, children in foster care had a 30-day follow up

after emergency department visits for mental illness at a rate of 87.8% compared with 78.9% for non-foster care populations. The only area where children and youth in foster care had lower rates was regarding Substance Use treatment. Children and youth in foster care experienced Initiation of AOD Abuse or Dependence Treatment at 29.1% versus 45.8% for children and youth not in foster care. VDSS will continue to work with DMAS to monitor this data and address all deficiencies. (Commonwealth of Virginia Department of Medical Assistance Services, 2020-21 Foster Care Focused Study, 2022).

(iii) Ensure that reports of abuse, neglect, mistreatment, and deaths of children in foster care are properly investigated

LDSS are responsible for the investigation of reports of child abuse, neglect, and deaths of children in foster care. At this time, VDSS does not have the automated infrastructure to track how many maltreatment reports involve children in foster care; however, VDSS does track the number of child deaths involving children in foster care. In SFY22, LDSS did not investigate any deaths that involved a child in foster care. To ensure proper investigations are conducted, LDSS receive training, coaching, and technical assistance from state staff (which includes regional staff). Internal CQI processes evaluate and monitor these elements on an ongoing basis.

There are five regional teams in Virginia that review child deaths investigated by Child Protective Services (CPS). These teams are led by regional CPS staff. Reviews are conducted by a multi-agency, multi-disciplinary process that systematically examines circumstances surrounding the child's death. The purpose of the review by the teams is to enable VDSS, LDSS, and local community agencies to identify important issues related to child protection and to take appropriate action to prevent child fatalities. Virginia's child-fatality review teams use the National Fatality Review Case Reporting System, Version 5.1 data tool, from the National Maternal Child Health Center for Child Death Review, to collect comprehensive information and document the circumstances involved in the death, investigative actions, services provided or needed, key risk factors, and actions recommended and/or taken by the review team. Child-fatality data is collected and analyzed on an annual basis and reported to community stakeholders, the State Board of Social Services, LDSS, and the general public. Child Death Reports are published on the VDSS public website.

In addition to case level reviews, all five regional child fatality review teams develop and implement recommendations to prevent future child maltreatment deaths. To support the recommendations of the regional teams, VDSS' recent work has included:

- Significant revisions to CPS Guidance, Section 6: *Child Deaths*, to provide a detailed investigative protocol to promote joint multi-disciplinary investigations of child deaths and ensure regional permanency consultants are notified when a child in foster care dies.
- Collaboration with the Department of Criminal Justice Services to develop a child death investigative protocol for law enforcement.
- Development of Child Death Investigation Guidelines for inclusion in local multi-disciplinary memorandums of understanding. The publication will be referenced in the release of the 2022 program guidance.
- Collaboration with the Training Program at VDSS to develop a specific training for Family Services Specialists on child fatalities and near fatalities. The development

of this course was delayed due to the inability to hire the CPS curriculum developer during the hiring freeze. This position has since been filled.

- Development of a Child Fatality Decision Tree Tool to promote consistent decision-making by LDSS when evaluating the validity of a complaint involving the death of a child.
- As a way to identify practice issues that point to the need for training or technical assistance, highlight programmatic strengths and/or increase prevention efforts, in 2021, VDSS began to hold Child Fatality Staffings of High-Profile Referrals. These meetings are comprised of an internal team at DFS including the Protection Program Manager, the State Child Fatality Specialist, the Director and Assistant Directors of DFS, the Director of Local Engagement/Support, Regional Directors, Protection Practice Consultants, and the Deputy Commissioner of Human Services. Referrals for these meetings must meet at least one of the following mandatory criteria: (1) significant child welfare history; (2) a current open child welfare case; (3) a child welfare case involving an employee of VDSS or a LDSS; (4) media attention or possible media attention; and (5) any child welfare case that VDSS leadership has flagged as needing a referral.
- In an effort to increase awareness and education around trends that continue to be present in child death investigations, VDSS published two prevention infographics on water safety and gun safety. Both are available to LDSS staff and the public.

(iv) Manage the process through which the Department of Social Services reviews children's residential facility placements for medical necessity

VDSS has developed an ongoing review process for children and youth placed in congregate care in order to continue to assess medical necessity, support the movement of these children to family-based placements as soon as possible, and reduce the use of congregate care placements across the state. VDSS will continue this process in order to identify the children for whom congregate care is not appropriate. As trends are identified within each region, regional permanency consultants and diligent recruitment consultants will provide assistance to LDSS in developing plans to transition children into family-based care. Priority is placed on providing opportunities for children to connect with relatives and fictive kin and to identify those relatives and fictive kin who may serve as a placement for these children. Each case is reviewed within three months of the child being placed in congregate care to ensure that discharge planning begins immediately. Following the initial review, the regional permanency consultants support the efforts to move children out of congregate care and into family-based settings through monthly follow up with agencies.

In the spring of 2020, VDSS began to hold ongoing congregate care reviews and assessments of all children placed in congregate care in Virginia to determine if there were children that were in congregate care settings without medical necessity. These reviews and assessments have been made a part of the CQI process. For SFY2022, an average of 10.9% of children were in congregate care placements and institutional care, which was a decrease from the average of 12.1% of children in SFY2020. Regional permanency consultants continue to use the review data to conduct case meetings and determine appropriate placements. Consultants assist in

discharge planning to ensure youth are discharged timely and provide support to agencies in diligent recruitment efforts to locate family-based settings, including kinship placements.

Congregate care placements and other foster care services elements identified is the Foster Care Omnibus Bill are studied and addressed through the case review process, and also as part of the DFS ongoing CQI process. The data review process through the CQI program is broken down across levels within the system. A quarterly CQI review process looks at specific topics and overall progress towards goals and includes a data report and meeting to discuss topics and trends, with an overall trend analysis of state data performed in order to show VDSS where Virginia is making progress and what areas still need increased focus and attention. Regional trend analyses help consultants develop comprehensive capacity building plans to address foster care service failures (and other areas of concern outside of the Foster Care Omnibus Bill criteria). Additionally, local trends and individual performance data reviews with regional consultants allow localities to understand patterns within their own jurisdictions and units and address any failures prior to needing a corrective action plan or the need for intervention by the Commissioner.

In early 2022, regional CQI events began, that built out a process which provides for a greater ability for localities to understand their data regarding congregate care use, the root causes of congregate care placements, and how to effectively reduce their use of non-family-based settings. The percentage of children who entered care and were first placed in congregate care was lower in October 2022 when compared to the previous quarter as well as the same month in previous years. When considering the root cause of congregate care placements being the youth's first placement upon entering foster care, the legal basis for entry into foster care was examined. Abuse/neglect was the most common reason for entry into foster care as opposed to Delinquency or a Child in Need of Services which would have indicated the need for this level of care. The overall percentage of youth placed in congregate care in October 2022 was 10.3% continuing the downward trend in 2022. The permanency practice consultants review each agency's data with them following the CQI events to ensure they are aware of their individual agency's performance.

(v)Track health outcomes of children in foster care

The VDSS and DMAS partnership helps to better understand health outcomes for children in foster care, through ongoing collaboration, as well as utilizing the annual *Foster Care Focused Study* published by DMAS, which focuses on physical, mental and behavioral health access and diagnoses. This partnership allows DMAS and VDSS to work collaboratively to meet the federal requirements related to the Virginia Health Care Oversight and Coordination Plan. More specifically, Virginia's high rate of psychotropic medication prescription for children and youth in foster care has been a focus of DMAS and VDSS.

The *2020–21* Foster Care Focused Study, published by DMAS, provides comparative analysis of foster care and non-foster care populations. This recent study demonstrated that children in foster care have higher rates of healthcare utilization in 19 out of 20 measures than a comparable control group of children and youth not in foster care.

In order ensure that psychotropic medication is not being overused among children in foster care, VDSS has instituted an oversight protocol which includes a comprehensive consent document to be completed by the service worker that addresses the following topics:

- How consent is to be obtained with the youth/child.
- How birth parents are to be involved in the decision making.
- How caregivers are to provide information to the prescriber regarding changes in behavior or mood and how those caregivers receive information about prescriptions and any potential side effects.
- Affirming that information about medical conditions and medications are to be shared with prescribers of psychotropic medication and information about psychotropic medication is to be shared with a youth's other healthcare providers.
- Establishing that regional consultants provide oversight for the provision of physical, mental, and behavioral health screening and services for children and youth in foster care.

Conclusion

VDSS is committed to continuing to address the items outlined in the Foster Care Omnibus Bill, including continued efforts to reduce use of congregate care placements through the congregate care reviews and ensuring shared accountability and increased oversight of LDSS for improved foster care outcomes. Despite barriers, VDSS has made significant progress in addressing many of the critical aspects encompassed within the Foster Care Omnibus Bill. VDSS will continue to develop effective practices and innovative ways to ensure the health, safety, and well-being of the children and families served.