COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

Office of the Commissioner

James Hunter Williams
Commissioner

January 6, 2025

MEMORANDUM

TO: The Honorable Glenn Youngkin

Governor of Virginia

Members, Virginia General Assembly

FROM: James H. Williams James Williams

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

This report is submitted in compliance with Chapter 446 Section 2. 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) 726-7011.

JW:kc

Attachment

cc: The Honorable Janet V. Kelly, Secretary of Health and Human Resources

Director of Foster Care Health and Safety

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DIRECTOR OF FOSTER CARE HALTH AND SAFETY

A Report for the Virginia General Assembly NOVEMBER 30, 2024

REPORT MANDATE

Chapter 446 Section 2. of the 2019 Acts of Assembly (Foster Care Omnibus Bill)

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EXECUTIVE SUMMARY

VDSS is committed to continuing to address the items outlined in the Foster Care Omnibus Bill, however, limitations in funding and investment in system upgrades has restricted VDSS' ability to fully execute all aspects of the bill. Despite these barriers, VDSS has made significant progress in addressing many of the critical aspects encompassed within the 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.

About VDSS and Foster Care

The Virginia Department of Social Services (VDSS) partners with local departments of social services and community organizations, to promote the well-being of children and families across the Commonwealth. We proudly serve alongside nearly 13,000 state and local human services professionals throughout the Social Services System, who ensure that thousands of Virginia's most vulnerable citizens have access to the best services and benefits available to them.

Together, we work each day to serve, empower, and create opportunities for brighter futures.

Foster care provides a safe and stable environment for children and older youth until the issues that made placement outside the home necessary are resolved. When a child cannot return home, another permanent home is found for the child through adoption or legal custody by a relative.

PROGRAM OVERVIEW

The Foster Care Program provides services to children and families when circumstances require the child to be removed from their home. Foster care provides a safe and stable environment for children and older youth until the issues that made placement outside the home necessary are resolved. When a child cannot return home, another permanent home is found for the child through adoption or legal custody by a relative. The Fostering Futures program, Virginia's extended foster care, enables the extension of foster care maintenance and services as well as independent living services to the age of 21 for those who are in foster care when they reach age 18.

CONTACTS

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Director of Foster Care Health and Safety

SECTION 1: STATUS OF HIRING THE DIRECTOR OF FOSTER CARE HEALTH AND SAFETY

As noted in the 2023 report, VDSS has attempted to fill the position of Foster Care Health and Safety Director to align with the Joint Legislative Audit and Review Commission (JLARC) recommendations. 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 when the COVID-19 pandemic began in March 2020. At that point, a hiring freeze was implemented. Once the hiring freeze was lifted, VDSS had to prioritize filling other critical positions that had been vacated during the pandemic and the subsequent hiring freeze. When VDSS was able to re-focus on the Director of Foster Care Health and Safety, the position and hiring criteria was reevaluated, given the previous difficulties in hiring the position as full-time. Currently, VDSS is reviewing and revising the role and responsibilities of the position to best meet the needs of the foster care program.

The revised minimum requirements would shift the requirements from a licensed physician to one that directs overall health and safety of children in care statewide. Responsibilities would include: establishing multi-disciplinary teams to review cases of children with complex medical or mental health needs; leading efforts around guidance changes to support kinship placements and less dependence on congregate care; reestablishing the Health Planning Advisory Committee to receive and provide input and direction on health and developmental policy, services, and needs relative to children in foster care; and directing the operations of process improvements to improve overall outcomes for children in foster care.

Due to the challenges associated with hiring a licensed physician within the established salary range for the position, VDSS recommends that a physician be employed on a part-time or as-needed basis. The physician would consult on medical decisions involving children in foster care, serve on the Health Planning Advisory Committee, and review the use of psychotropic medications for children in care.

The process of revising the responsibilities and requirements of the position is underway and will need to be reviewed and approved by human resources. Once that is complete, recruitment can begin. It is estimated that VDSS can begin recruitment for the position in March 2025.

SECTION 2: 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

LOCAL BOARDS

VDSS regularly reviews data trends at state and regional levels to provide plans of action and recommendations for improvement. VDSS partners with the LDSS and other entities providing oversight, including the Office of the Children's Ombudsman, to identify agencies in need of greater support and intervention. Using the Continuous Quality Improvement (CQI) model, VDSS employs a comprehensive and forward-thinking approach to proactively address emerging concerns and implement measures for safeguarding the integrity of program operations. Agencies with continual or chronic barriers to successful outcomes are supported through targeted technical assistance from regional and/or CQI staff, or other avenues (including targeted recruitment assistance), to have a greater likelihood of becoming successful while also mitigating risk.

Throughout 2023, regional offices provided intensive support to at least ten LDSS. The consultants reviewed cases and child protective services (CPS) referrals with new supervisors to model what the process should look like. They provided feedback to local DSS leadership, along with strategies for improvement to ensure the safety of children and families. The consultants also facilitated discussions around specific cases with these agencies to model engagement to improve efforts to effectively engage with families. Practice consultants, along with Regional Directors, have held intensive weekly agency partnership meetings in addition to on-site visits to provide real time feedback, coaching, and targeted training and compliance check-ins to ensure that practice changes are being implemented. Regional Directors have implemented Local Engagement and Support Corrective Action Plans to four localities.

As agencies experienced severe staffing shortages, regional offices were activated to assist those agencies with all tasks to address immediate needs. Tasks included records organization, filing and sorting documentation, shadowing entries into the case management system to ensure accuracy, retrieving documents from the court, facilitating the use of contracted staff to assist with face-to-face worker visits, as well as other activities to ensure that all foster care mandates are met. Regional Directors have worked with agencies to provide case and on-call coverage to neighboring localities that are experiencing staff shortages as well.

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, 2023, to June 30, 2024, the face-to-face monthly visit rate was 96.1% with 78.5% 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 28.5%. 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 their own contracts to ensure their workers have access to a virtual platform. LDSS have reported that the use of technology and the virtual platforms have increased contacts with children and families.

SAFE AND APPROPRIATE PLACEMENTS

Resource family regional consultants and the resource family 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 plan include improving the availability and quality of data regarding available foster homes. The family resource consultants and program manager continue to work to improve data collection. Resource family 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 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.

In October 2023, VDSS initiated two important projects pivotal to the promotion of well-supported kinship caregivers for children both in foster care and those who can remain safely in the community without foster care. The first was the launch of the public VDSS Kinship Resource Guide website. VDSS recognizes that navigating informal and formal kinship care, with or without child welfare involvement, is complex and can be overwhelming for relatives, advocates, treatment providers, and child welfare staff. For this reason, VDSS created a website that contains relevant resource information around financial assistance, legal guidance, and other types of issues that kin caregivers face when raising children in order to provide stability and support in the home. The website was created in collaboration with community stakeholders, VDSS, LDSS staff, and kinship caregivers.

Also, in October 2023, VDSS launched Kin First Now. Kin First Now is an intervention into the child welfare system in Virginia through which VDSS Home Office and Regional Office staff partner to coach select LDSS on the installation of three practice elements that have been proven to effectively increase the rate of children in foster care placed with kinship families. This decision was made in response to Virginia data from 2016-2020 that showed that children who entered foster care and were first placed with a relative spent four fewer months in foster care when compared to children who were not placed with a relative upon entering care. Within this group 96% of children exited foster care to permanency through reunification, custody transfer to a relative, or adoption by a relative and 98% did not age out of foster care.

Kin First Now consists of an intensive two-day in-person intervention, which is supported by agency preparation and followed by ongoing coaching and support. Ahead of the in-person training, staff are provided with training materials to familiarize themselves with the three practice elements. Agency responses to a Rate Your Kin First Agency and agency data on family engagement are reviewed with agency leadership ahead of Kin First Now; insight is gathered from local leadership on the readiness of the agency to move towards establishing a Kin First culture. During the two-day intervention, staff from VDSS Home Office and the designated Regional Office explore current practice and barriers to effective Family Partnership Meetings and utilization of collaborative, cross-unit staff meetings when considering the removal of children from their parents or current caregivers (an Out of Home Staffing). In addition, they consider widespread utilization of the Permanency Assessment Tool for all relative caregivers, whether kinship resource parents or temporary relative placements to avoid foster care. The LDSS identifies strengths and opportunities around kinship practice and then supports the LDSS leadership to develop action plans through which they commit to addressing opportunities in their agency to improve kinship practice. State and regional staff then provide eight weeks of targeted coaching to assist agencies to integrate the practice elements into the way they work.

The first iteration of Kin First Now focused on the largest agencies in Virginia. Even though Virginia has 120 localities, just 20 agencies represent approximately 53% of all youth in foster care. Partnering with these and other agencies to install a Kin First Now approach will impact the most children in the least amount of time. In State Fiscal Year (SFY) 2023-2024, the first cohort consisted of three LDSS from each of Virginia's five regions who were selected based on the numbers of youth in foster care under the age of 18, current kinship percentage numbers, LDSS readiness as assessed by the regional office, and LDSS capacity to participate. These LDSS were Chesterfield- Colonial Heights, Richmond City, Hanover, Newport News, Norfolk, Chesapeake, Harrisonburg/Rockingham, Alexandria, Prince William, Franklin, Lynchburg City, and Roanoke City and represented 36% of all youth in care under the age of 18 in July 2023. Additional agency visits continue this SFY with plans underway to extend the intervention to all remaining LDSS.

Additionally, VDSS contracts with three organizations to conduct intensive family finding under Request for Proposal (RFP) #FAM-20-019. They are based out of the VDSS geographic regions of Central, Piedmont, and Eastern, but are able to consider out of region youth on a case-by-case basis. The RFP went out January 2023, contractors began training staff in July 2023, and began accepting referrals September 2023. This contract focuses on relative and fictive kin search and engagement services for youth ages 12 to 17 residing in congregate care or who have been in care for longer than 12 months and are placed in non-relative home-based care. The goal of the service is for the contract agencies to locate and engage relatives or fictive kin to become caregivers for a child in foster care within 90 days to reduce the risk of that child aging out of foster care without permanency.

In July 2023, 12.77% of the children in foster care under the age of 18 were placed in a kinship foster home. By July 2024, that percentage rose to 17.4% and continues to trend upward in the current SFY. In addition to state-wide efforts to ensure safe and appropriate placements are available to children in foster care, the permanency consultants review data for LDSS and address specific cases, as needed, with the supervisor, worker, and sometimes program managers within the LDSS. The consultants assess the efforts to locate relatives for youth about to age out of foster care, track use of Family Partnership meetings at critical decision-making points and connect LDSS with resources to support their efforts to obtain permanency for children in their custody, such as the kinship navigator resources and adoption contract services available to help identify potential adoptive families. The regional office teams also provide information about available supports and resources through quarterly supervisor meetings and in power points emailed to the agencies. The permanency consultants routinely communicate to LDSS the adoption recruitment events such as "I belong" to encourage them to involve children without adoptive families in these recruitment opportunities. The permanency consultants follow up with agencies to see if they are utilizing these resources. Regional offices have also facilitated local roundtables for supervisors to come together to find solutions to common challenges, such as youth aging out and the shortage of adoptive placements and encourage the sharing of strategies for successfully matching youth with adoptive homes and supporting those placements.

PROVISION OF PHYSICAL, MENTAL AND BEHAVIORAL HEALTH SCREENINGS AND SERVICES

In the 2022-23 Child Welfare Focused Study, physical, mental, and behavioral health screening and service rates for children in foster care were better than those in the non-foster care population control group. Children and youth in foster care received well child visits at 61.5% compared with 52.9% of children and youth not in foster care (comparison group); an annual dental visit rate of 68.6% compared with 53.7% for non-foster care populations; and access to preventative dental services at a rate of 63.3%, compared with 47.7% 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 87.7% compared with 74.4% for non-foster care populations. Children in foster care received a 7-day follow up after mental health hospitalization at a lower rate than the non-foster-care population with 35.6% as compared to 57.6%. This is likely due to children often experiencing a change in placement following acute hospitalization. The only other 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 substance use treatment at 40.4% versus 50.0% for children and youth not in foster care. VDSS will continue to work with the Virginia Department of Medical Assistance Services (DMAS) to monitor this data and address all deficiencies.

ENSURE THAT REPORTS OF ABUSE, NEGLECT, MALTREATMENT, 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. Currently, 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 SFY 2024, the LDSS did not investigate any child deaths that involved a child in foster care.

Child-fatality data is collected and analyzed on an annual basis and reported to community stakeholders, LDSS, and the general public. Information regarding the recommendations made by the regional review teams is also captured and published in the VDSS Annual Report on Child Maltreatment Death Investigations.

MANAGE THE PROCESS THROUGH WHICH THE DEPARTMENT OF SOCIAL SERVICES REVIEWS CHILDREN'S RESIDENTIAL FACILITY PLACEMENTS FOR MEDICAL NECESSITY

VDSS developed an ongoing review process for children and youth placed in congregate care, 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. Since the spring of 2020, VDSS had been holding 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. For SFY 2024, an average of 13.6% of children in foster care were placed in group homes and residential facilities. This number represents around a 2% increase from last year likely due to an increase of older youth entering foster care. In SFY 2024, 52% of the youth in congregate care were between the ages of 15-17.

Throughout 2023, VDSS examined the current congregate care review process to determine its effectiveness and made the decision to pause the current review process at the end of 2023. It is the desire of VDSS to implement a more robust case review process that includes cases where children and youth are placed in a variety of different placements and at earlier points within the foster care timeline. This will allow regional practice consultants to intervene in agency practice when children first enter care to ensure the best possible outcome for children and families. While the new case review process is being developed, VDSS implemented a process to ensure that all children placed in congregate care met medical necessity for that level of care, as required by law. The first quarter of SFY 2024 followed the former congregate care review process while the remainder of the SFY cases were reviewed only for medical necessity. It should be noted that this shift coincided with the start of the Kin First Now work that is discussed in the Safe and Appropriate Placements section above. Although there has been an increase in placements in congregate care, there has been a greater increase in the more desirable placement of youth with relatives.

The reviews that were conducted during the first quarter of SFY 2024 included 269 placements in congregate care. Of those children, 90% were prescribed psychotropic medications and 95.9% indicated that the psychotropic medication oversight protocol was followed. To better measure the progress toward discharge planning the reviews also looked at whether the youth had someone, besides the LDSS, visiting them while in placement. Of those youth, 72.9% indicated that someone was visiting and 78.1% indicated that they received both phone calls and in-person visits. Of the 269 cases that were reviewed, 59 of the children have had their parental rights terminated and have a goal of adoption; however, only 14.8% of them have a permanent family identified. Following these reviews, the regional consultants provide support to agencies to ensure that there is a permanency plan in place and that progress is being made towards that plan. The youth that have a goal of adoption are often referred to one of the contracts in place with VDSS to identify adoptive families for children. Additionally, agencies have access to the contract that provides intensive family finding efforts to secure a family- based placement with a relative.

VDSS implemented a process to review cases for medical necessity for children placed in non-Medicaid funded placements beginning October 1, 2023. VDSS uses the Medicaid criteria to determine medical necessity based on documentation provided by the LDSS. Medicaid funded placements are already reviewed by Medicaid, so it is not necessary for VDSS to review these placements. The initial data pull included 208 youth; however, 66 were discharged prior to the review. The remainder were either already approved for Medicaid funding or were found by VDSS to meet medical necessity.

VDSS will continue this process to identify the children for whom congregate care is not appropriate. As trends are identified within each region, regional permanency consultants and resource family consultants help 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.

TRACK HEALTH OUTCOMES OF CHILDREN IN FOSTER CARE

The continued VDSS and DMAS partnership helps to better understand health outcomes for children in foster care, through ongoing collaboration, as well as utilizing the annual Child Welfare Focused Study.

The 2022–23 Foster Care Focused Study provides a 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 21 measures than a comparable control group of children and youth not in foster care.

Once VDSS is able to hire the Director of Foster Care Health and Safety, additional work will be done to build out the ability to track health outcomes for children in foster care and directly support this requirement.

CONCLUSION

VDSS is committed to continuing to address the items outlined in the Foster Care Omnibus Bill, however, limitations in funding and investment in system upgrades has restricted VDSS' ability to fully execute all aspects of the bill. Despite these barriers, VDSS has made significant progress in addressing many of the critical aspects encompassed within the 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.

APPENDIX A LEGISLATIVE MANDATE CHAPTER 446 OF THE 2019 ACTS OF ASSEMBLY (FOSTER CARE OMNIBUS BILL)

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