



# COMMONWEALTH of VIRGINIA

## DEPARTMENT OF SOCIAL SERVICES

### *Office of the Commissioner*


Kevin Erskine  
Commissioner

December 4, 2025

#### **MEMORANDUM**

**TO:** The Honorable Glenn Youngkin  
Governor of Virginia

Members, Virginia General Assembly

**FROM:** Kevin Erskine 

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

This report is submitted pursuant to 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) 726-7011.

KE:kc

Attachment

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



# FOSTER CARE HEALTH AND SAFETY

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# FOSTER CARE HEALTH AND SAFETY

A Report for the Virginia General Assembly

November 01, 2025

## REPORT MANDATE

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

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## EXECUTIVE SUMMARY

The Virginia Department of Social Services (VDSS) has made meaningful progress toward fulfilling the goals of the Foster Care Omnibus Bill, though important work remains. This report outlines the steps taken to date, the progress achieved, and the challenges that continue to limit full implementation. While funding constraints and delays in system modernization have affected the Department's ability to fully execute all provisions of the bill, VDSS remains firmly committed to advancing its objectives. The Department will continue to strengthen practices and pursue innovative strategies to promote the health, safety, and well-being of the children and families it serves.

### 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 of August 2025, the Director of Foster Care Health and Safety position was successfully filled by the agency. This role is now filled by a Virginia licensed physician who is board certified in Pediatrics, Adult Psychiatry, and Child and Adolescent Psychiatry, with extensive experience clinically, programmatically and has state system expertise. As previously described, the responsibilities of this role 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.

Since the previous report, several significant system changes have taken place that affect the delivery of health services for youth involved in the child welfare system, particularly those served by Virginia Medicaid. First, effective July 1, 2025, Anthem Healthkeepers Plus was selected to manage Virginia's statewide Foster Care Specialty Plan (FCSP) under the Cardinal Care Managed Care Contract. This plan now serves more than 16,500 youth across the state, including those currently in foster care, former foster care youth, and youth receiving adoption assistance.

Historically, youth in congregate care were served under Medicaid Fee-for-Service, which created a lack of coordination between services provided in congregate settings and those delivered through managed care in the community. This gap has contributed to prolonged stays in psychiatric residential treatment facilities and other congregate care settings. Beginning July 1, 2025, care coordination for youth in congregate care covered by Virginia Medicaid has been integrated into the managed care contracts. While reimbursement for the stay itself remains under Fee-for-Service, the Foster Care Specialty Plan is now responsible for ensuring that appropriate step-down services are in place to support youth transitioning to less restrictive settings.

The Director of Foster Care Health and Safety will serve as the primary liaison between the Foster Care Specialty Plan and VDSS. In this role, the Director will ensure that policies,

procedures, system goals, and priorities are aligned, and will establish state-level benchmarks for all youth, regardless of insurance status. These goals will cover the full spectrum of health services, from routine well-child and preventive care to specialized care for youth with complex health needs.

## SECTION 2: STATUS OF REPORTING REQUIREMENTS

Since the position of Director of Foster Care Health and Safety has only recently 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 continues to monitor state and local data trends to identify areas for improvement and develop collaborative action plans with local departments of social services (LDSS). Using the Continuous Quality Improvement (CQI) model, VDSS proactively addresses emerging concerns and strengthens program integrity. Local agencies facing ongoing barriers to achieving positive outcomes receive targeted technical assistance from regional and CQI staff to improve performance and ensure accountability.

Throughout 2024, regional offices provided intensive support to at least ten LDSS agencies. Consultants conducted case and referral reviews, modeled best practices across the service continuum, and collaborated with local leadership to identify strategies for program and business process improvement. Regional directors and practice consultants also facilitated discussions around specific cases to model effective engagement and promote consistent, high-quality practice.

To further strengthen partnerships, regional directors and practice consultants held monthly meetings with local directors, local board chairs, and local government leaders. These sessions, along with on-site visits, provided opportunities for real-time feedback, coaching, targeted training, and compliance check-ins to ensure practice improvements were implemented and sustained. In 2024, the Local Engagement and Support Division



implemented corrective action plans in four localities, addressing identified compliance or performance issues.

Despite these efforts, many local agencies continued to experience severe staffing shortages during 2024, impacting their capacity to meet statutory requirements. Regional offices provided hands-on technical assistance, including supervisory consultation on documentation and case management entries, retrieving court documents, and coordinating contracted staff to ensure required face-to-face visits occurred. Regional directors also worked closely with local leadership to provide administrative coverage, manage on-call responsibilities, and support staff recruitment efforts.

## **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, 2024, to June 30, 2025, the face-to-face monthly visit rate was 96.3% with 77.1% 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 27.1%. 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**

Virginia continues to utilize Faster Families Highway Recruitment Portal (FFH) as the central recruitment intake for Virginia's resource parents. FFH provides regular data to VDSS and the LDSS on the demographics of resource parents and the children/youth they are able to care for. Additionally, FFH has added a child-specific recruitment feature that allows LDSS to enter child profiles of youth awaiting adoptive placements to match them with prospective adoptive parents. VDSS is coordinating with Adoption Share (who runs FFH) and Worcester Polytechnic University to conduct an evaluation on the effectiveness of FFH and ways FFH and VDSS can improve recruitment.

VDSS also supports the LDSS in developing data-driven recruitment plans for both general recruitment and child-specific recruitment. VDSS provides the template for general recruitment and child-specific recruitment to the LDSS. LDSS are then supported in developing data-driven recruitment plans through the Consortium for Resource, Adoptive, and Foster Family Training (CRAFFT) and through support from the regional consultants.

To ensure that LDSS can successfully implement data-driven recruitment for resource families, in 2024, VDSS completed a statewide “data cleanup” of resource homes to ensure that all resource homes captured in OASIS were in compliance with updated federal standards. In 2025, VDSS began work with the National Center for Diligent Recruitment (NCDR) to further enhance Virginia’s ability to differentiate active families and inactive families and use updated technology to support geographically specific recruitment. In 2024, VDSS also completed recruitment research through the Southeastern Institute of Research (SIR) to identify the most effective messaging in recruiting resource parents who support return home and kinship placements and the pain points along the way that cause prospective resource families to not complete the approval process. In September 2025, VDSS entered into a new contract with SIR to utilize this research to inform a multimedia campaign to assist in data-driven, statewide recruitment and to update recruitment messaging on VDSS websites.

In addition to ensuring a robust network of supportive resource parents, VDSS continues to focus on kinship placements as a primary way of supporting safe and appropriate placements for youth in foster care. Virginia continues to see an increase in children and youth in kinship foster care, with a 17.4% placement rate in July 2024 and a 22.3% placement rate July 2025. Not only has the kinship placement rate continued to increase, but stability for these placements increased as well. For all children who were in care between SFY23-SFY25, over 68% of children first placed with a kinship placement never have a placement change while in care (except to their parents or to exit care), as compared to 48% of LDSS approved non-relative homes and 47% for licensed child placing agency (LCPA) approved homes. Additionally, this same group of children spent the least amount of time in care with an average of 13.5 months in foster care as opposed to 22.5 months for those youth first placed in non-relative LCPA homes or 20.6 months for those youth first placed in non-relative LDSS homes.

One of the primary interventions supporting this work is Kin First Now – a collaboration between the regional and home offices to work with all 120 LDSS in implementing specific kinship strategies that began in 2023. The focus has been the intersection of CPS and foster care to ensure that when children enter care their first placement is a kinship placement and teaches the LDSS how to do this through the utilization of three central practice elements that have proven effective at LDSS who have attained and sustained higher rates of kinship foster care. By November 2025, all 120 LDSS will have participated in the intervention and VDSS will begin work re-engaging with the agencies who participated in 2023 and early 2024 to focus on those youth who are already in care and are lingering with no identified kinship placement.

Other efforts to support safe and appropriate placements with kin include a contract VDSS holds with three private providers: Shineforth (formerly known as United Methodist Family

Services), C2Adopt, and Jewish Family Services (JFS) to complete intensive family finding for youth 0-17 years old who are either in congregate care, have been in foster care for over one year and are not in a relative placement and/or are the sibling of an eligible youth. This service is offered to the LDSS at no cost to them for children and youth they identify as needing assistance recruiting kinship placements for.

VDSS also maintains the Adoption Through Collaborative Partnerships contract with private providers, such as Shineforth, C2Adopt, JFS, DePaul Community Resources, Commonwealth Catholic Charities and Children's Home Society, to support local departments with child specific recruitment and finalizing adoptions. Adoptions Through Collaborative Partnerships (ATCP) providers can explore kinship options as part of their child specific recruitment and of the 223 adoptions they facilitated in SFY 2025, 18 were kin or fictive kin adoptions.

Virginia Kids Belong has a partnership with VDSS and offers the I Belong Project, an opportunity for children and youth in foster care in need of a permanent placement to participate in video shoots that can be utilized for recruitment purposes. They provide several photo shoots each year around the state free of charge to local departments. As of August 2025, they have 72 active kids participating in this program.

## **PROVISION OF PHYSICAL, MENTAL AND BEHAVIORAL HEALTH SCREENINGS AND SERVICES**

The SFY 2023–2024 Child Welfare Focused Study found that children in foster care had higher rates of appropriate health care utilization than a comparable control group across most study indicators for measurement year (MY) 2023. The greatest differences between the foster care and control groups were observed in the dental indicators—Annual Dental Visit (15.5 percentage points higher), Preventive Dental Services (16.3 points higher), Oral Evaluation, Dental Services (16.8 points higher), and Topical Fluoride for Children—Dental or Oral Health Services (11.9 points higher). Children in foster care also had notably higher rates on the First-Line Psychosocial Care for Children and Adolescents on Antipsychotics measure (13.8 points higher) and Engagement in Substance Use Disorder (SUD) Treatment (16.5 points higher).

Follow-up care for prescribed ADHD medication at six and nine months was slightly lower among children in foster care compared to the control group. Importantly, these rate differences between children in foster care and the control population persisted even after adjusting for a range of demographic and health characteristics.

The VDSS Director of Foster Care Health and Safety will continue to collaborate with the Virginia Department of Medical Assistance Services (DMAS) and the new Foster Care Specialty Plan to monitor these findings and address any identified deficiencies.

## **INVESTIGATION OF REPORTS OF ABUSE, NEGLECT, MALTREATMENT, AND DEATHS OF CHILDREN IN FOSTER CARE**

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 2025, the LDSS investigated two fatalities 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.

## **REVIEWS OF CHILDREN'S RESIDENTIAL FACILITY PLACEMENTS FOR MEDICAL NECESSITY**

VDSS initially 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. VDSS examined the congregate care review process to determine its effectiveness and made the decision to pause that review process at the end of 2023. It continues to be 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.

To remain compliant with the foster care omnibus bill, VDSS implemented a process to review cases strictly for medical necessity for children placed in non-Medicaid funded congregate care placements beginning October 1, 2023. VDSS uses the Medicaid medical necessity criteria to review documentation provided by the LDSS. Medicaid funded placements (typically Psychiatric Residential Treatment Facilities) are already reviewed by Medicaid, so it is not necessary for VDSS to review these placements. In SFY25 there were a total of 561 new placements into group homes, 167 of which were funded through Medicaid. It should be noted that the 561 number is not indicative of the number of children newly placed in congregate care as that number may include children who changed placements. VDSS reviewed the remaining 394 placements to determine the appropriateness of the placement. All children reviewed were found to meet the medical necessity criteria for

placement. The ages of youth reviewed ranged from 8-17 with 80% of them being between the ages of 13-17.

VDSS will continue to utilize and re-evaluate this process to identify and decrease the length of stay for children in congregate care. 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. Beginning July 1, 2025, care coordination for youth in congregate care covered by Virginia Medicaid has been integrated into the managed care contracts. While reimbursement for the stay itself remains under Fee-for-Service, the Foster Care Specialty Plan is now responsible for ensuring that appropriate step-down services are in place to support youth transitioning to less restrictive settings. This will provide the much-needed support in ensuring children do not remain in congregate care settings for extended periods of time.

## **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 2023–24 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 14 out of 19 measures than a comparable control group of children and youth not in foster care. The measures where the children in foster care were lower pertained to follow up visits after hospitalization for mental health and follow up visits for children prescribed ADHD medication. This is likely due to those children experiencing a change in placement.

With the recent hiring of the Director of Foster Care Health and Safety as well as the implementation of the Foster Care Specialty Plan, additional work will be done to build out the ability to track health outcomes for children in foster care and directly support this requirement. This work will include the development of a medical record portal which will enable LDSS to easily access the child's medical records.

## CONCLUSION

Over the past year, VDSS has advanced many of the key priorities outlined in the Foster Care Omnibus Bill. Notable accomplishments include strengthened local agency partnerships, implementation of corrective action plans in underperforming localities, expanded use of data-driven quality improvement practices, progress in aligning health and safety standards for children in foster care, and hiring the Director of Foster Care Health and Safety. While challenges related to funding and system modernization continue to limit full implementation, the Department remains focused on building a more responsive and coordinated child welfare system. VDSS will continue to collaborate with partners and leverage innovative strategies to promote lasting improvements in outcomes for Virginia's children and families.

## APPENDIX A LEGISLATIVE MANDATE CHAPTER 446 OF THE 2019 ACTS OF ASSEMBLY

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

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