



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

VDSS Updates to the Senate Finance and Appropriations Committee

October 17, 2023



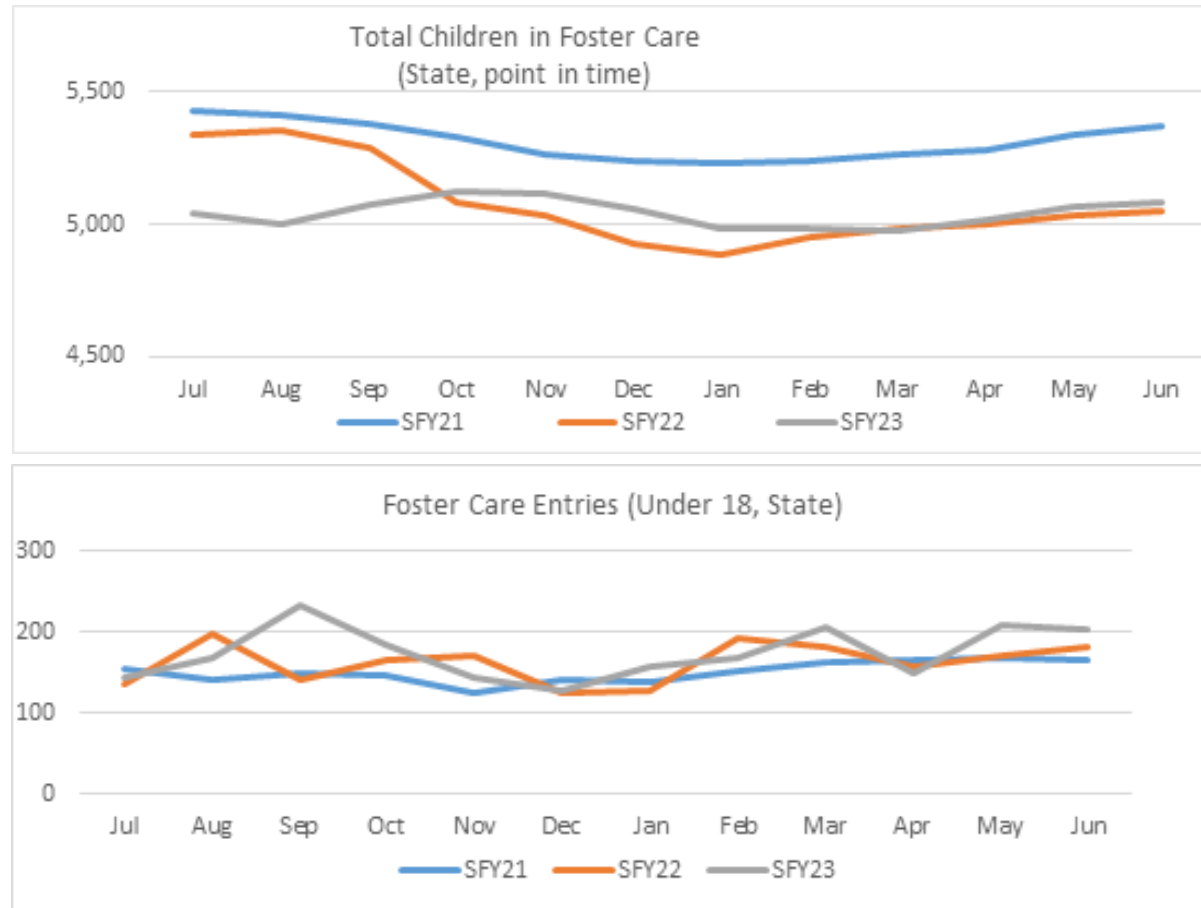


Agenda

- Children in Foster Care and Trends
- Kinship Care
- Safe and Sound Task Force
- JLARC Study Status on Recommendations

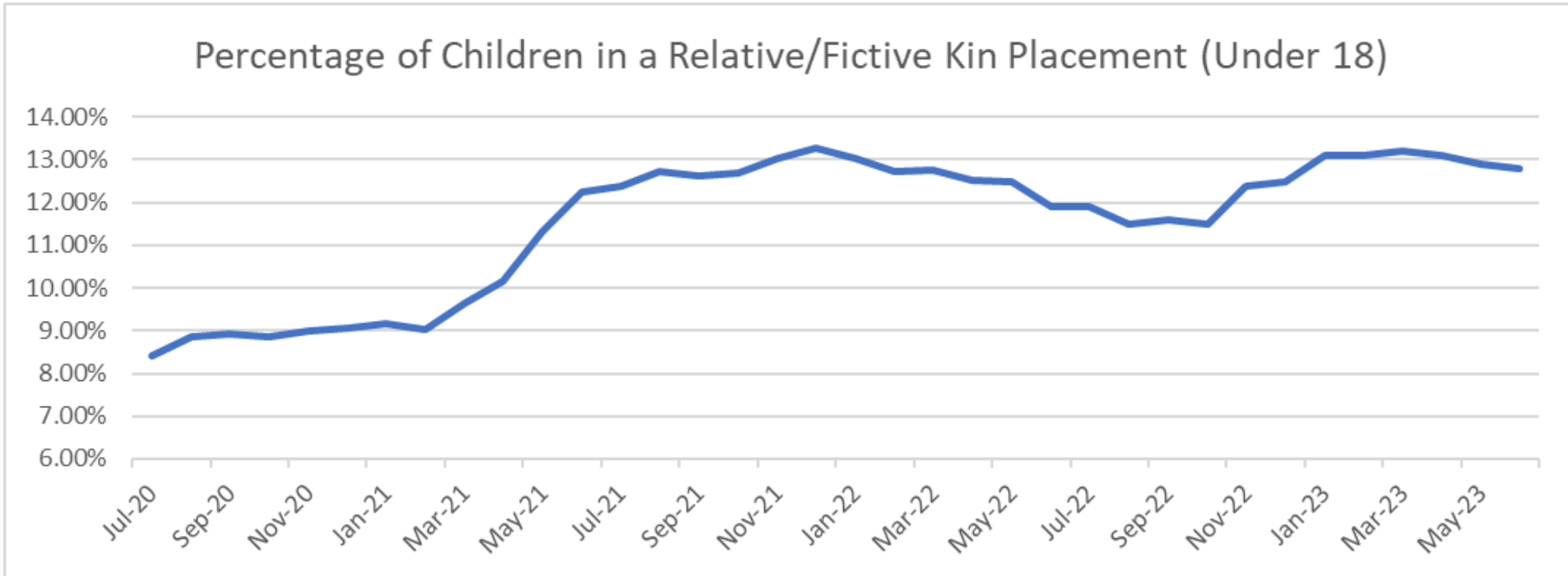
FOSTER CARE DATA AND TRENDS

Total Number of Children in Foster Care



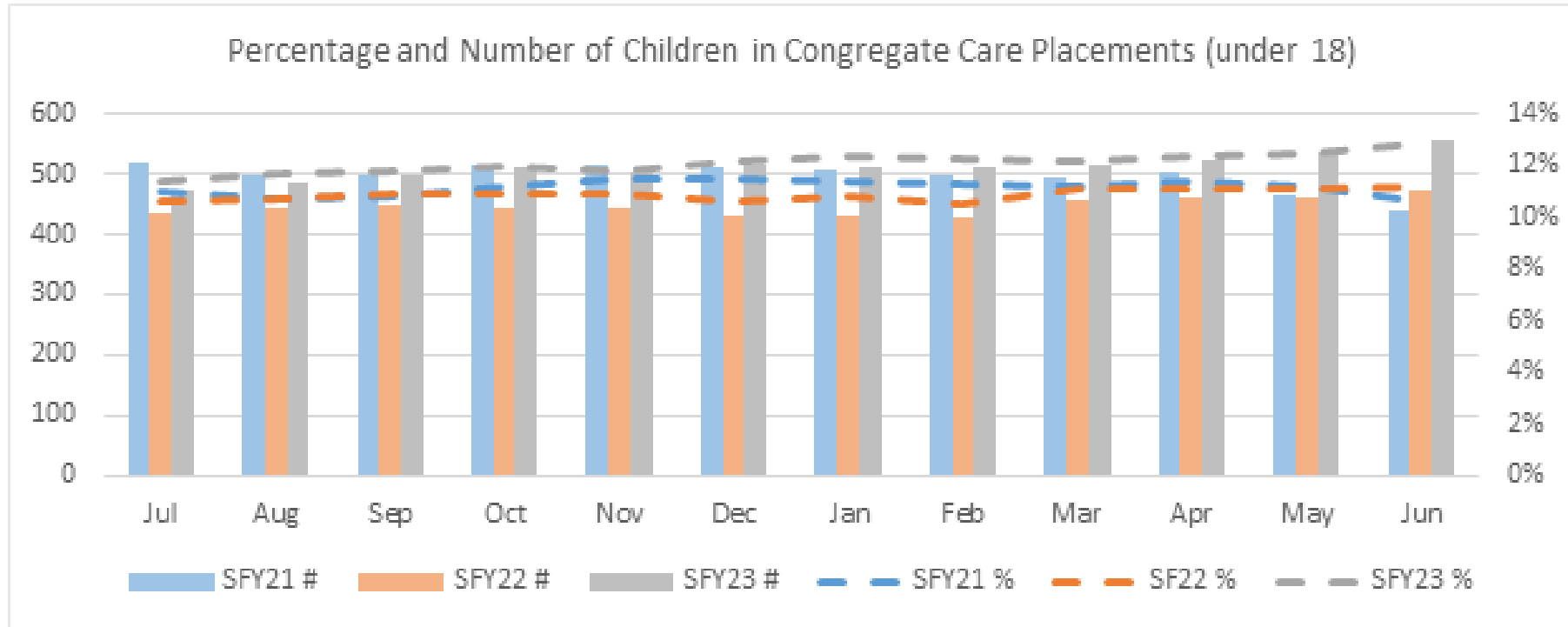
Sources: Entries: SafeMeasures Active Foster Care Length of Stay (from Last Removal) (subset 0-17 years old, extract 8/7/2023), count of children with removal dates in the month reported; Total in Children in Care: VDSS Office of Research and Planning Foster Care Children Demographic Report, counts reflect end of month totals.

Relative/Fictive Kin Placement Settings



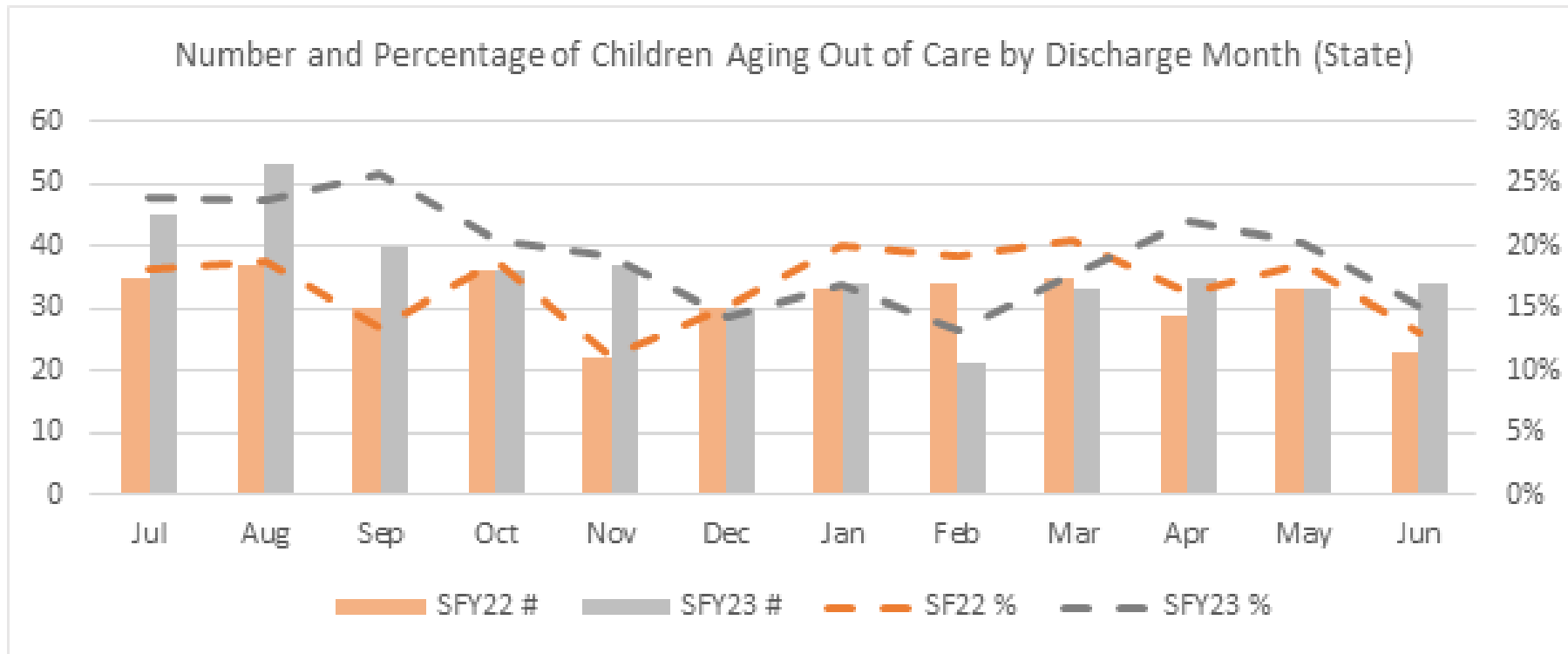
Source: Relative/Fictive Kin Numbers: SafeMeasures Active Foster Care Length of Stay (from Last Removal: 8/7/2023 extract, subset under 18). Percentage was calculated by dividing number of children in relative/fictive kin placements by total children in care during that time period. Relative/Fictive Kin placements include the following care types: LCPA Foster Home, Fictive Kin; LCPA Foster Home, Relative; LDSS Foster Home, Fictive Kin; LDSS Foster Home, Relative.

Congregate Care Placement Settings



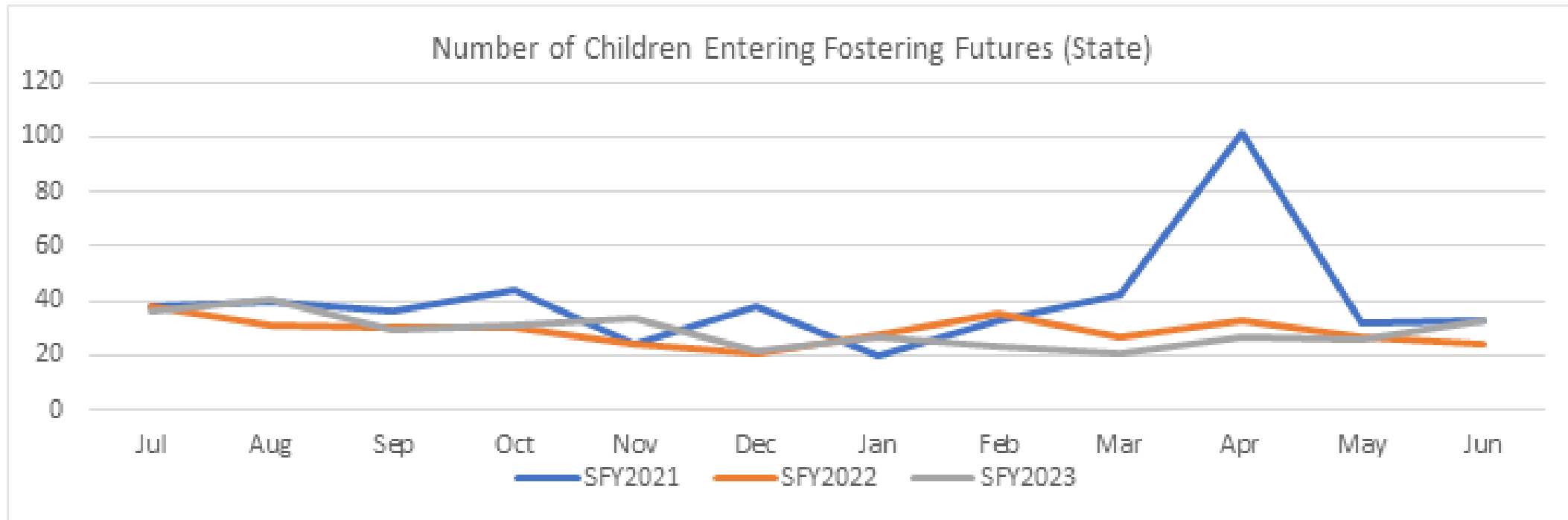
Source: SafeMeasures Active Foster Care Length of Stay (from Last Removal; current and previous quarter 8/7/23 extract, subset under 18). Percentage calculated by dividing number of children in congregated care by all other children in care during that time period. Congregate Care includes the following care types: Group Home, Residential (CRF), QRTF, and Pregnant/Parenting Youth Program.

Youth Aging Out of Foster Care



Source: Children Aging Out of Care: SafeMeasures Scorecard - Discharges to Permanency (extract 8/31/2023) determined by discharge reason of emancipation. Data reflects the count discharged with a discharge reason of emancipation during the respective month and year determined by the discharge date.

Number of Children Entering Fostering Futures



Fostering Futures: Oasis (8/15/2023 extract)

Development of State-Wide Driver's License Program

Although VDSS does not have the necessary funding to enable the development of a full-fledged state-wide driver's license program, VDSS has continued to move forward with a work group to address the many barriers to youth in foster care obtaining their driver's license. Budget amendments in the amount of \$250,000 were introduced in 2020 and 2023 but were cut from the final budget.

Recommendations from Va.
Commission on Youth

- » Workgroup objectives:
- » Address barriers to driving education, driving hours, and DMV requirements
- » Address barriers to youth in foster care obtaining and maintaining car insurance
- » Provide support to caregivers to better understand the process and be able to support youth in their care to obtain their driver's license



Pause of QRTP Designation

Beginning April 1, 2023, VDSS paused the designation of all Qualified Residential Treatment Providers due to:

- **Rising cost of title IV-E errors to the localities (\$1 million dollars spent in local only funds creating a significant burden on local departments).**
- **Limited title IV-E claiming-only \$501,767 in federal funds drawn down**
 - Medicaid is the first payer for placements in Psychiatric Residential Treatment Facilities-about half of the QRTPs are PRTFs so no title IV-E funding was used.
- **The QRTP process placed a significant burden on local workers without the support of an adequate case management system since the current system is outdated.**
- **Workers reported that QRTPs did not provide a higher quality of service than facilities that we not designated as QRTPs.**
- **Workers were forced to change a youth's placement due to errors resulting in the need to use local funding which could not be sustained.**
 - The unnecessary change in placement negatively impacts the youth's well-being as well as negatively impacting the federal Child and Family Service Review.



Next Steps/Considerations for Designating QRTPs Again

- Assuming there were no errors in the process of placing youth in QRTP, there would be an annual cost savings to the state in the amount of \$4,457,856
- Despite 60 hours/week of staff time spent supporting local agencies, numerous errors continued to be made in the process
- VDSS is scheduled to undergo a federal IV-E audit in 2025 with the period under review being April-September of 2024. Failing the IV-E audit due to QRTP errors would be highly likely (costing the state around \$25M) should Virginia designate QRTPs again without a sufficient plan to ensure compliance with the requirements
- The state's new case management system (CCWIS) that will support the QRTP process is anticipated to be in place in 2026
- VDSS continues to explore and pursue other designations that would allow claiming of title IV-E funds



KINSHIP UPDATES

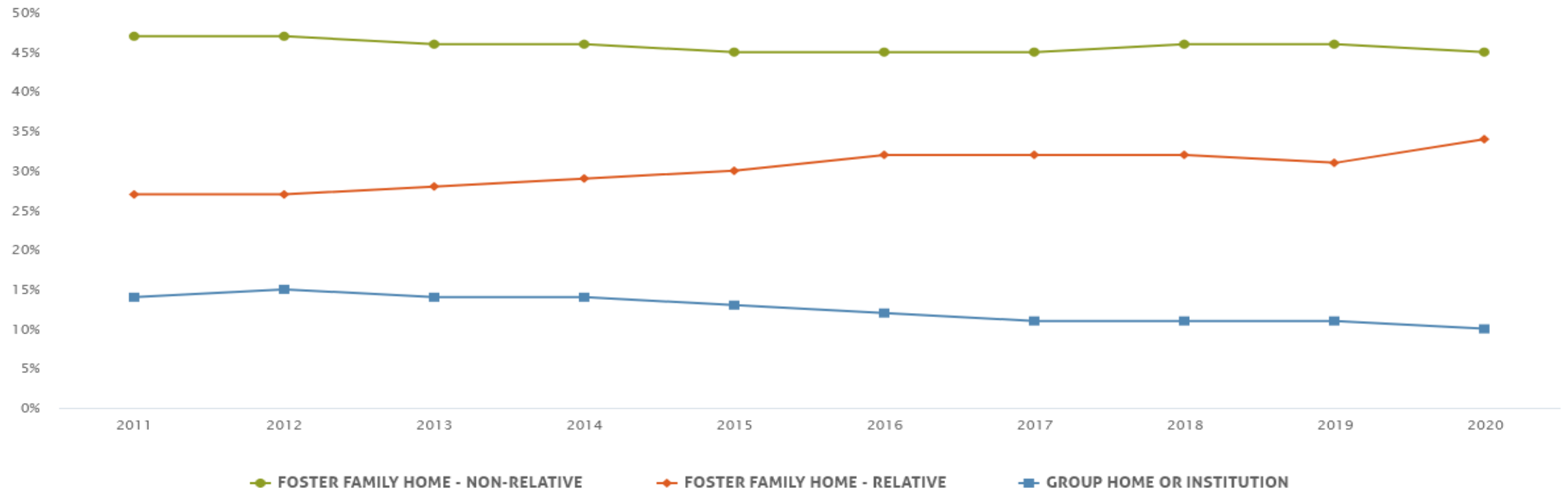
New Evidence Requires a New System and Practices

- » Adults who lived in foster and residential care during childhood had a 40% chance of very poor health 10 years later. This rose to an 85% chance over the following two decades.
- » Those who grew up with a relatives saw their chances of reporting ill health range from 21% to 43% over the 30-year period.
- » Adults who grew up with their parents had only a 13% chance of reporting poor health after 10 years, rising to 21% at both 20 and 30 years.
- » Results from King's College and UCL found that adults who spent time in care as children were 70% more likely to die prematurely than those who did not. Most of these deaths were from unnatural causes.

Source: A joint study by University College London (UCL) and King's College London analysed the data from 350,000 people who self-reported their health after 10, 20 and 30 years.

National Kinship Foster Care Averages

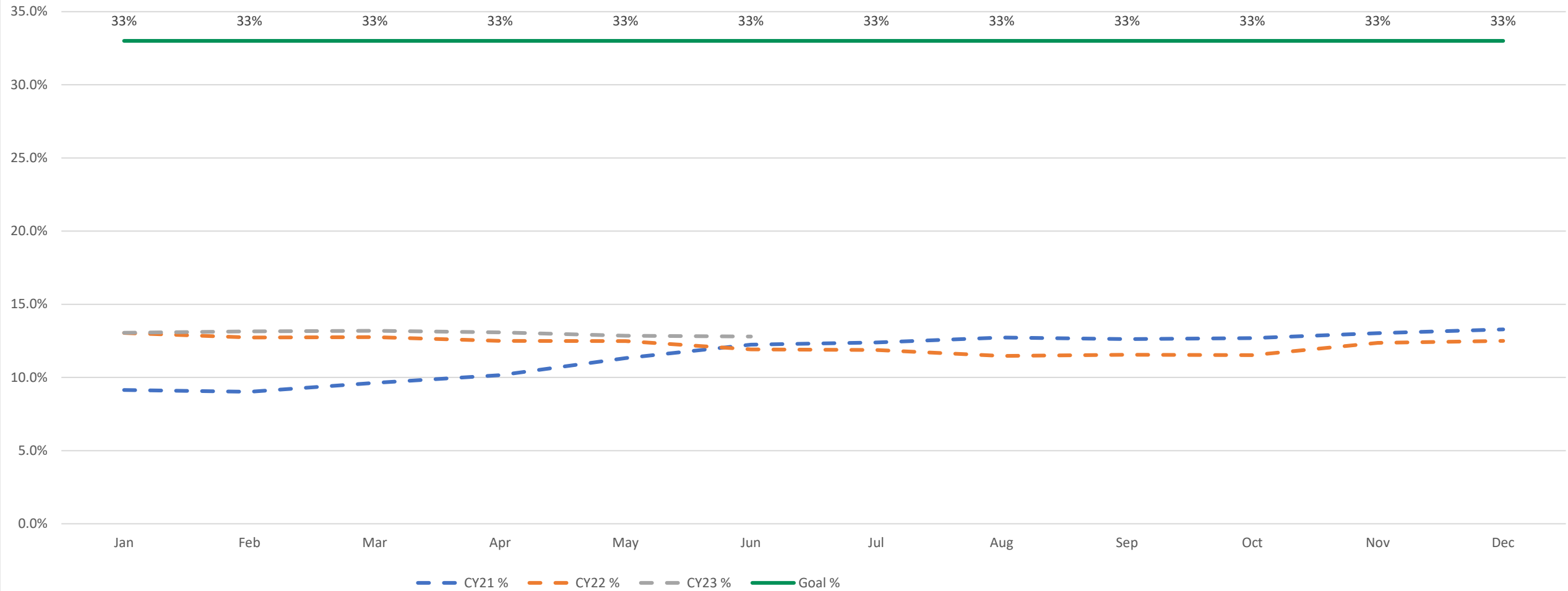
CHILDREN IN FOSTER CARE BY PLACEMENT TYPE (PERCENT) - 2011-2020



National KIDS COUNT from datacenter.kidscount.org

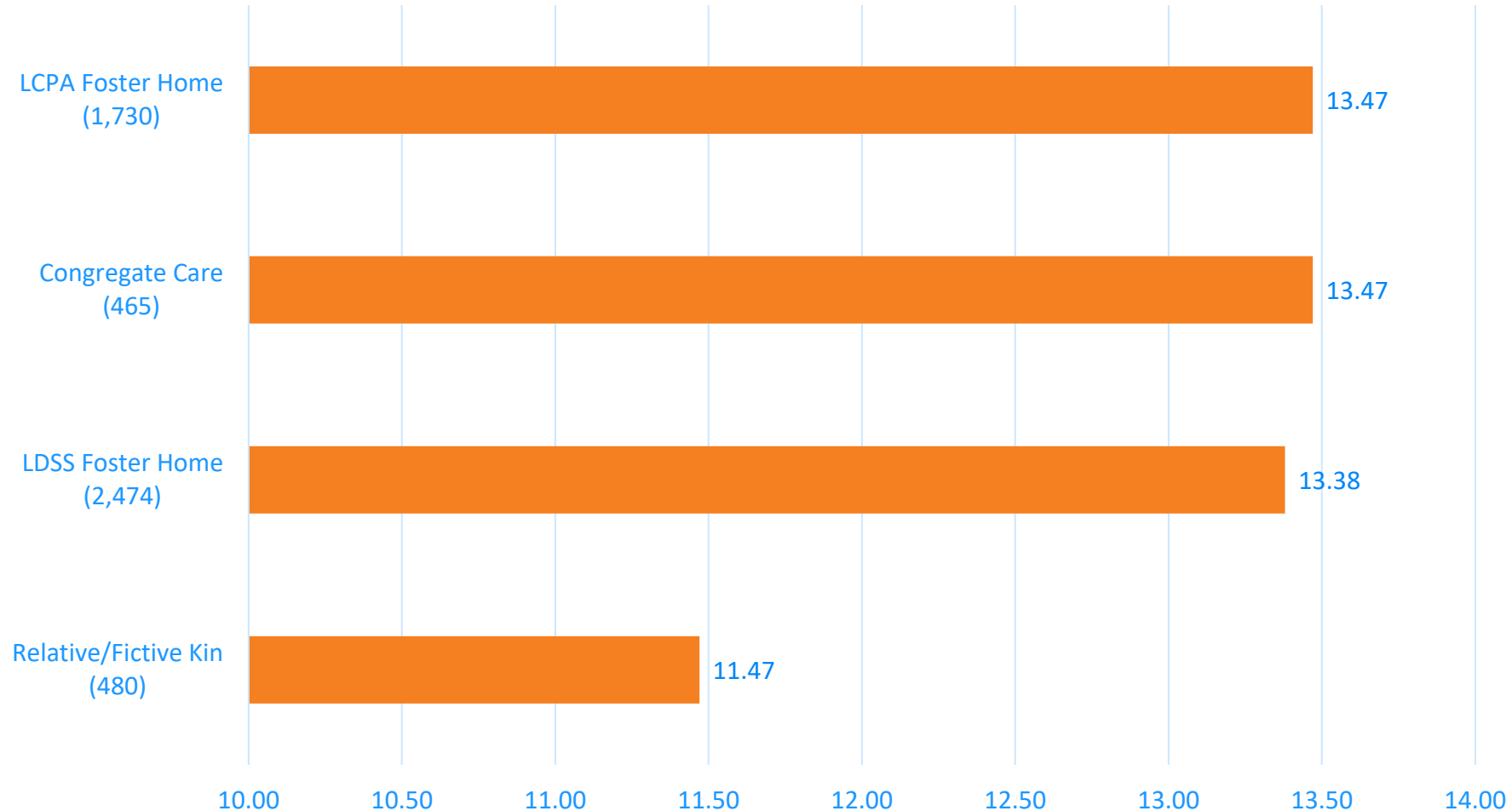
Relative/Fictive Kin Placement: Overall

Percentage and Number of Children in Relative/Fictive Kin Placements (under 18)



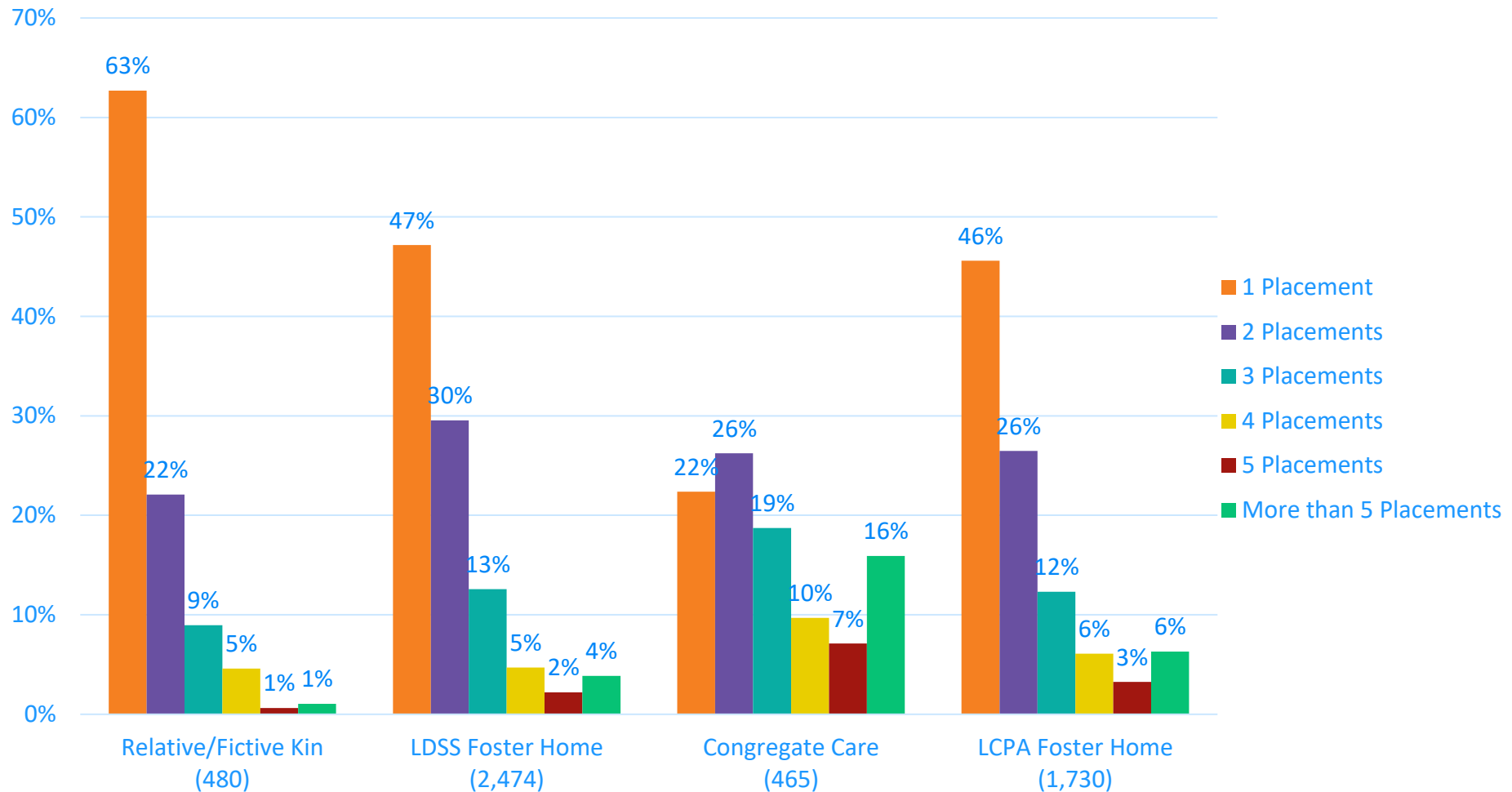
Impact of Placement Location

Average Total Time in Care by First Placement Location (in Months)



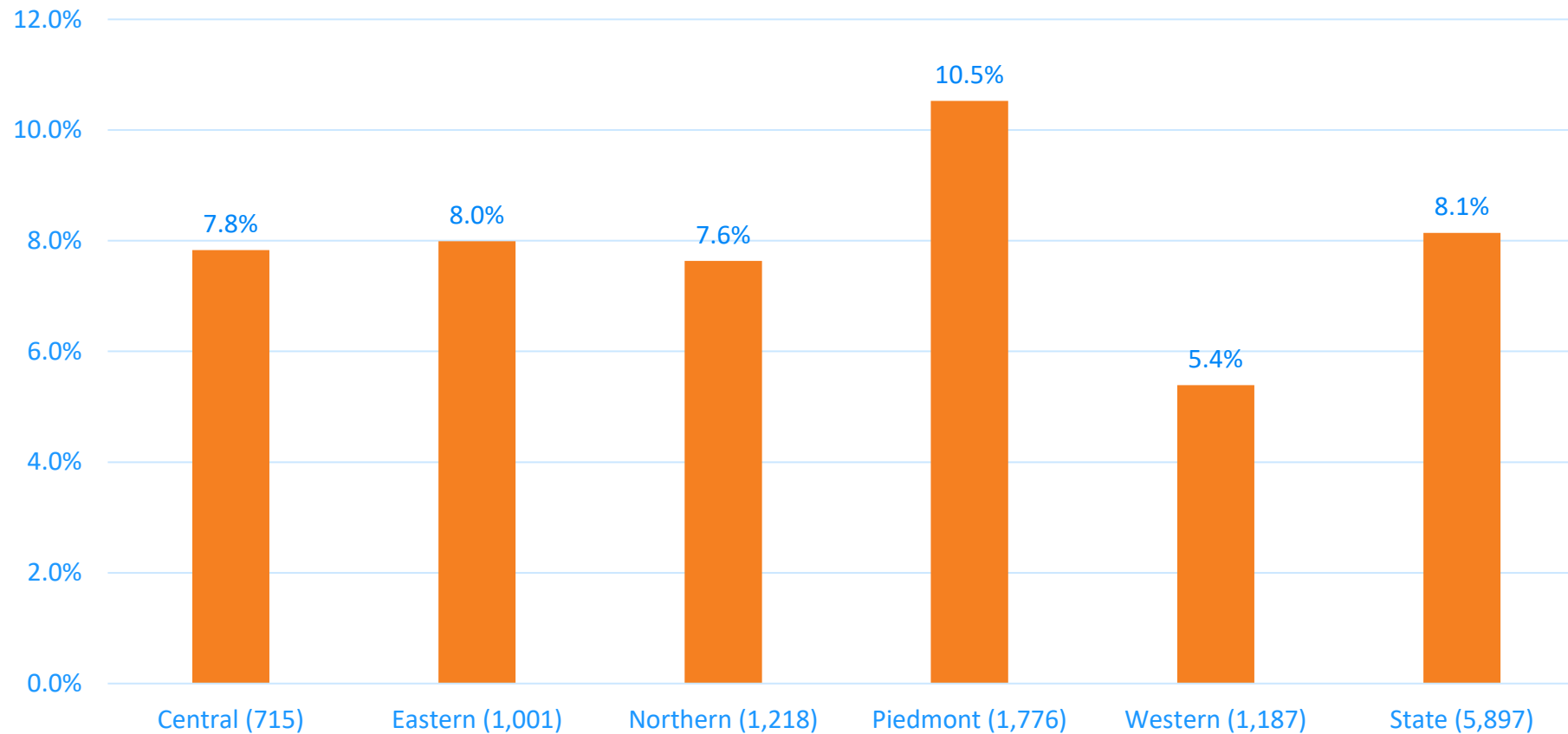
Impact of Placement Location

Number of Placement moves by First Placement Location



Children First Placed with Relative/Fictive Kin

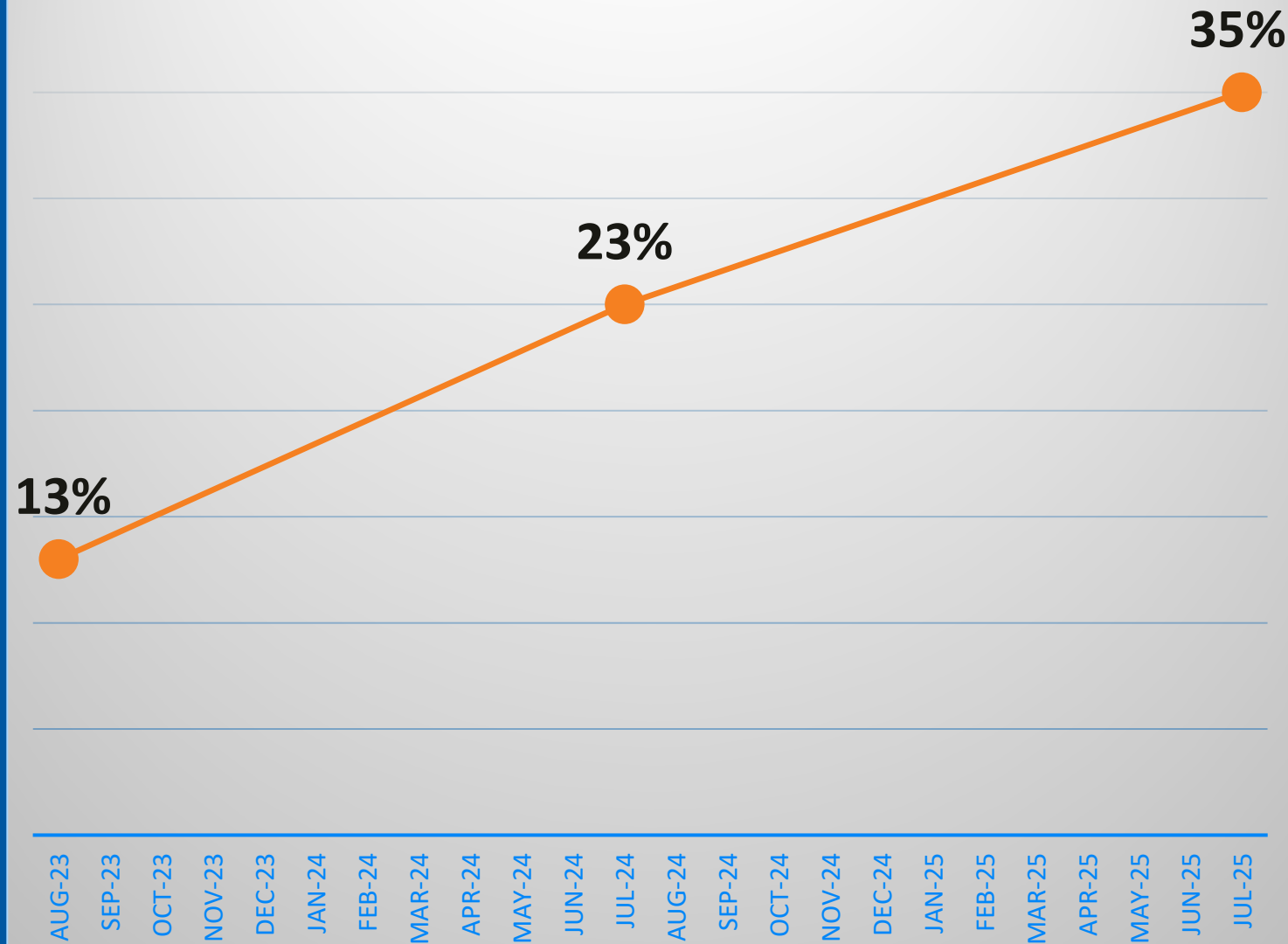
Percent of Children First Placed with Relatives/Fictive Kin
(Under 18, Region)



KINSHIP FOSTER CARE GOAL

By July 2025, 35% of all foster care placements for children/youth under the age of 18 will be in a kinship placement.

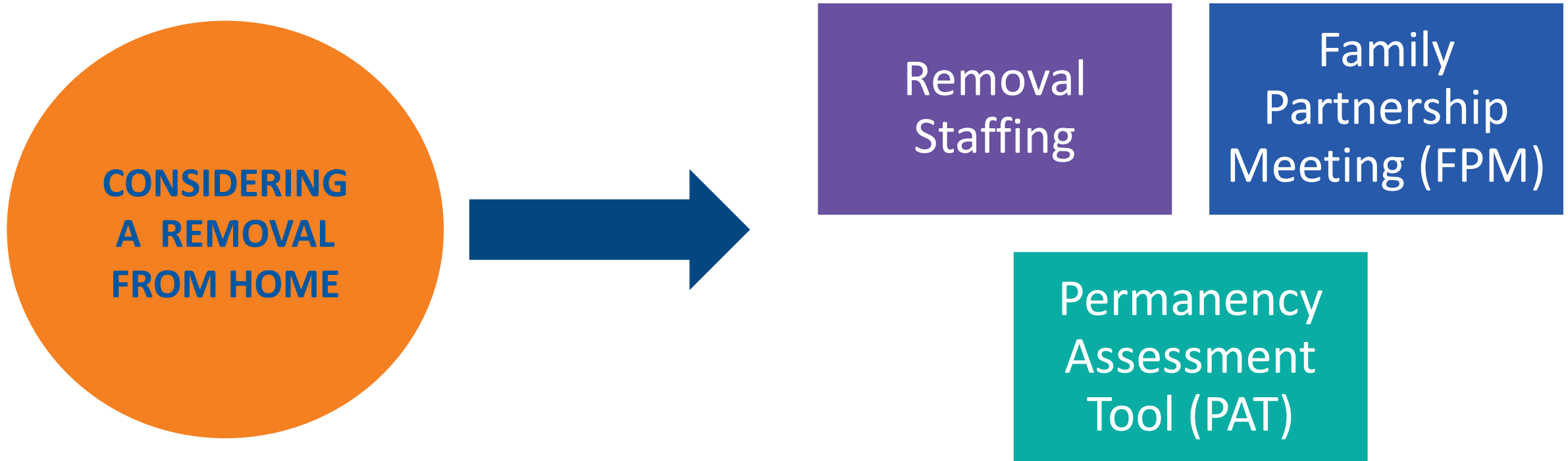
Kinship Foster Care Placements



KIN FIRST NOW

- Urgent efforts to discover and engage family at first point of contact
- Enhance and/or create internal processes that reinvest staff time on search, discovery, and assessment of relatives/fictive kin through a teaming approach
- Engaging family and natural supports in planning for permanency

KIN FIRST NOW PRACTICE ELEMENTS



FIRST FIVE AGENCIES

IN-PERSON FRANKLIN
10/12&13

IN-PERSON
CHESTERFIELD-
COLONIAL HEIGHTS
11/16 & 17

IN-PERSON PRINCE
WILLIAM CO .
12/7&8

IN-PERSON WISE 10/23&24

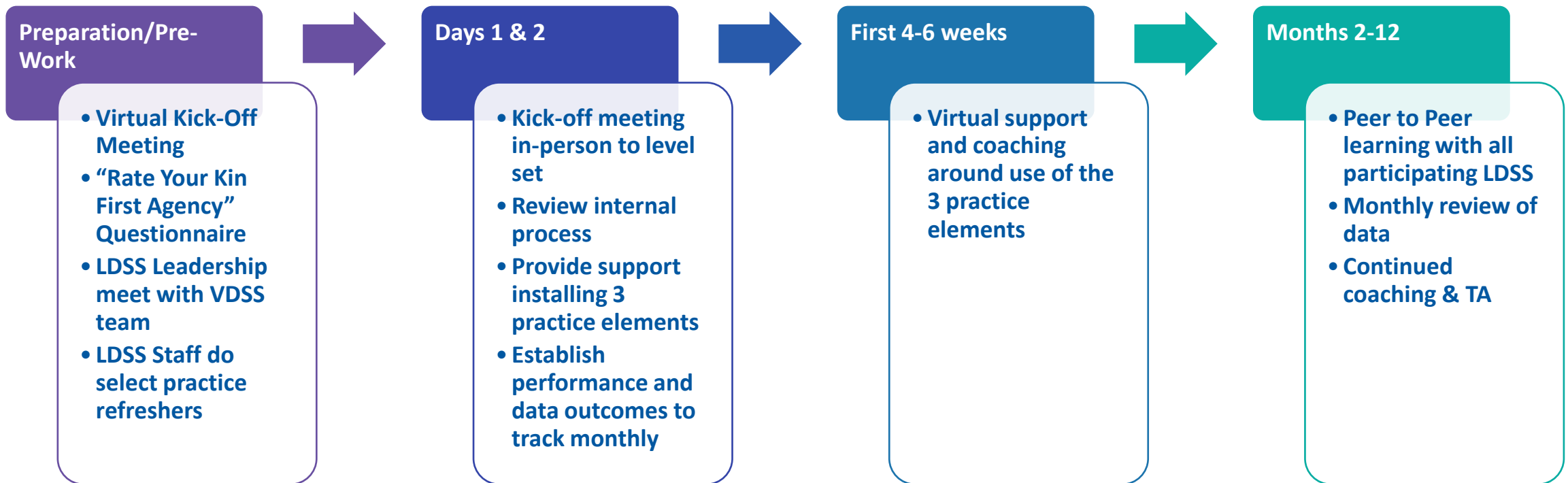
IN-PERSON
NEWPORT NEWS
between 11/29&30

COHORT 1

There are **15 agencies in Cohort 1 (3 agencies from each region)**

- » **Central**-Chesterfield/Colonial Heights, Richmond City, and Hanover
- » **Eastern**-Newport News, Chesapeake, and Norfolk
- » **Northern**- Harrisonburg/Rockingham, Prince William County, and Alexandria
- » **Piedmont**-Franklin County, Lynchburg, and Roanoke City
- » **Western**-Buchanan, Washington, and Wise

KIN FIRST NOW PLAN FOR EACH LDSS



Relative & Fictive Kin Recruitment for Youth in Foster Care

Service available to accept referrals from Local Departments in September 2023

Primary Goal: Establish a model for collaborative partnerships between private Child Placing Agencies and Local Departments to support the reinvestment in family search and discovery for youth in foster care who are not placed with Kinship Foster Parents. Minimum of 80 relatives will identified within 30 days.

Eligibility: Youth ages 12-17 currently placed in congregate care or who have been in foster care from 12 months or more and are not placed with Kinship Foster Parents. These children are at greatest risk of aging out of foster care with no family connections.

Child Placing Agency Partners: Jewish Family Services, C2Adopt, United Methodist Family Services Provide statewide coverage with capacity to serve 10 children every 90 days.

FY 23: \$696,716 consists of \$375,273 reinvestment of Adoption General Fund Savings with an additional 43% or \$284,443 as a federal and state match related to the Social Services Block Grant

SAFE AND SOUND TASK FORCE UPDATES

Safe and Sound Task Force Highlights 2023

- » Continued collaboration with a Core Team of senior leaders from five state agencies (VDSS, DBHDS, DMAS, OCS, and DJJ) plus the Governor's office to coordinate, facilitate, and expedite planning and decision-making
- » Continued a state level process for responding to youth in foster care in or at risk of sleeping in offices. Approximately 35 Safe and Sound Task Force meetings have been held YTD in 2023.
- » Provided additional support to localities and youth through Placement Support Specialists (VDSS contract staff) to support placement needs for high acuity youth
- » Held ~6 sessions/forums with a range of providers (e.g. treatment foster care, residential, independent living) to better understand their needs and barriers around serving high acuity youth
- » Developed and launched a Universal Referral Form Pilot for localities seeking admission to residential treatment for youth in foster care

Programs Supported by Safe & Sound Funding in FY23

Enhanced Treatment Foster Care Pilot Program (eTFC): Contracts with Bair Foundation, DePaul Community Resources, and Embrace Treatment Foster Care initiated January 2023. 6 youth in foster care were served by way of 5 total beds

Exceptional Circumstances Payment for Foster Parents (ECP): 44 children/youth in foster care were approved for the ECP; 9 of the youth were on the High Acuity Youth list.

Family Seeing Framework Training: 54 out of 120 LDSS participated in the Family Seeing training

LDSS Mini-Grants: 34 LDSS received funding to support Safe and Sounds goals at the local level

Non-Clinical Child Abuse and Neglect Project ECHO in partnership with VCU Children's Hospital of Richmond: Cohort-based training for non-clinical front line professionals to increase knowledge of child abuse and working with high acuity youth

Psychiatric Residential Treatment Facilities Learning Collaborative with the Center for Evidence-based Partnerships in Virginia: A cohort based initiative for front line staff of Psychiatric Residential Treatment Facilities (PRTF) working with high acuity youth to increase staff skills and prevent placement disruptions

Safe and Sound Funding Expenditures FY23

Safe and Sound Task Force Initiatives		Invoices Paid in FY23
Contract Positions and Travel Costs	K	\$6,456.83
Enhanced Treatment FC Pilot	L.1	\$97,238.02
LDSS Mini Grants	M	\$15,561.44
Exceptional Circumstances Payments to Foster Parents	M	\$80,126.89
Total		\$ 199,383.18

Safe and Sound Funding Carryover Requests

Carryover Requests		FY23 Invoices Paid or Will be Paid In FY24
Contract Positions	K	\$9,300.84
Enhanced Treatment FC Pilot	L.1	\$75,449.61
Safe and Sound Task Force Initiatives	M	\$683,734.48
Total		\$768,484.93

Safe and Sound Funding Requests FY24 (total)


Rollover Request		Amount
FY23 Invoices Unpaid or Paid in FY24	K, L.1, M	\$ 768,484.93
Exceptional Payments	M	\$ 100,000.00
Project Echo	M	\$ 60,000.00
PRTF - High Acuity Training	M	\$ 200,000.00
Workforce Development	M	\$ 250,000.00
Contract Staff	K	\$ 140,000.00
VCU Center for Creative Economy - Volunteer Training	M	\$ 79,584.00
Total		\$ 1,598,068.93

JLARC FOSTER CARE REPORT UPDATES

Recommendations which have not been fully achieved

» #3. Establish a Director of Foster Care Health & Safety

- Also addressed in SB 1339 and the Appropriations Act (2019)
- Multiple rounds of posting and interviewing pre-pandemic
 - Challenges in identifying qualified candidates
 - Initial posted salary was increased; candidates interviewed were interested in PT or PRN work
- COVID Hiring Freeze
- Currently exploring the possibility of modifying the job description to attract a qualified candidate and secure medical/psychiatric expertise on a PT or PRN basis
- VDSS continues to conduct the responsibilities of this position and report on these annually to the General Assembly



» **#18 Direct Supreme Court to explore feasibility of expediting TPR appeals process**

- **This is an item which has not been addressed and is not in the purview of VDSS to accomplish**

» **# 20, 26, 28 and 31 re: publishing data related to foster care outcomes and workforce issues**

- **Also addressed in SB 1339 through the direction to develop a dashboard**
- **VDSS continues to collect, analyze and publish reports which address these performance items**
 - **The quality of the available workforce data continues to be a limiting factor**
 - **The current LDSS performance report is being updated to incorporate LDSS feedback**
 - **When a final version of the report is agreed upon, VDSS can move towards making a dashboard available**

» **#27 VDSS completed the recommendation by submitting a report to General Assembly regarding Foster Care Supervisory spans of control in 2020**

- **The report indicated that 43 additional foster care supervisors were needed to establish a foster care supervisory span of control of 1 supervisor to 5 workers**
- **The 2020 cost was estimated at \$5,007,694 (2,823,337 GF + 1,408,164 NGF + 776,193 local funds)**
- [Department of Social Services Report on Foster Care Supervisory Spans of Control – November 30, 2020 \(virginia.gov\)](#)