



VIRGINIA COMMISSION ON YOUTH

Meeting Minutes

Virginia Commission on Youth Meeting

April 19, 2022, 10:00 a.m. to 12:00 p.m.

Pocahontas Building, House Committee Room

Attending:

Delegates: Emily Brewer (Chair), Karrie Delaney, Anne Ferrell Tata, Carrie Coyner, Irene Shin

Senators: Barbara Favola (Vice-Chair), Dave Marsden

Citizen Member: Dede Goldsmith, Avi Hopkins

Not Attending:

Delegate: Tara Durant

Senator: David Suetterlein

Citizens Member: Chris Rehak

Staff Attending:

Amy Atkinson, Will Egen, Kathy Gillikin (virtually)

I. Welcome and Introductions

Delegate Emily Brewer, Chair, Virginia House of Delegates

Delegate Brewer welcomed Commissioners and the public, and asked members of the Commission to introduce themselves. Delegate Brewer explained that this is the first meeting of the new term and her first meeting as Chair of the Commission. The meeting is being live-streamed through the House of Delegates' website.

Delegate Brewer introduced Janet Kelly and the first topic of foster care and the Safe and Sound Task Force. The Commission on Youth has been working hard to improve foster care in Virginia in recent years.

II. Safe and Sound Task Force Update

Janet Kelly, Special Advisor to the Governor, Office of Governor Glenn Youngkin

Ms. Kelly explained the high level concern for foster care children was addressed by forming the Safe and Sound Task Force on the 74th day of Governor Youngkin's

Administration. The Task Force includes representatives from the Departments of Behavioral Health and Developmental Services, Juvenile Justice, and Education, as well as community leaders, other agencies, and organization representatives to discuss a plan to address this issue. Last year, about 300 children had to enter foster care and had nowhere to sleep except in offices, an emergency room, or hotels because not enough placements were available for them. The main reason for using unsuitable placements was the lack of beds in suitable placements. There is a general lack of awareness for this child welfare crisis. About three hundred children will need placements in 60-90 days.

Some of the contributing factors to the crisis include the following:

- 1) The COVID pandemic exposed the cracks in the child welfare system that were already there.
- 2) There are more acute and higher level mental health challenges with children.
- 3) The low staffing levels and workforce issues

Ms. Kelly requested help from the Commission on Youth with the following:

- 1) Participation in Phases II and III of the Safe and Sound Task Force
- 2) Help raising awareness about foster care in general by putting information in newsletters or providing announcements at meetings, etc.
- 3) Meet with the local department of social services directors with or without their lobbyist
- 4) Make an effort to thank the Foster Care workers for going above and beyond to keep the children safe

Senator Favola asked about additional funding/resources for Foster Care parents to provide their foster children with counseling/therapy, or other needed services. Ms. Kelly agreed that additional support is needed for kinship and foster families and that this will be addressed in Phase II of the Task Force.

Senator Marsden explained that in Michigan, leaders made a “ready room” with supervision on a paid basis for emergency situations, especially in rural areas. Ms. Kelly will follow-up with Senator Marsden on this suggestion. Ms. Kelly thanked the Commission for their work toward these efforts and the history of their work.

III. DMAS Foster Care Program

*Cheryl J. Roberts, J.D., Deputy of Programs and Operations
Virginia Department of Medical Assistance Services (DMAS)*

Delegate Brewer then introduced Cheryl Roberts. Ms. Roberts explained that she is honored to serve on the Safe and Sound Task Force with Ms. Kelly, who is doing a great job leading the group.

Ms. Roberts will provide a “101” on foster care and DMAS about the current status of Medicaid. There are about 2 million people on Medicaid, most of them children.

Benefits include primary care, preventive care and wellness, long-term care services and supports (physical help), behavioral health and crisis services, dental and vision care, addiction and recovery services, transportation, residential treatment center services (RTC), and when needed, Early and Periodic Screening, Diagnostic, and Treatment. These benefits are offered to 800,000 children in Virginia.

There are two delivery methods for Medicaid: (1) Fee for Service (10%); and (2) Managed Care (90%). There are six Medicaid providers, including Aetna, Anthem, Moline, Optima Health, United Health, and Virginia Premiere. DMAS became involved in Foster Care when the Richmond Department of Social Services approached them to help provide more holistic care for their foster children. DMAS now works lock and step with the Virginia Social Services System and the judicial system to provide care for over 5,000 foster children.

Three Medicaid categories of foster children include the following:

- 1) Foster Care Aid Category 076 (for foster care children who qualify financially)
- 2) Former Foster Care Aid Category 070 (up to age 26 if needed to ensure the children thrive and survive; must do the preparation work or there will be bad outcomes)
- 3) Adoption Assistance Category 072 (basic coverage if needed or wrap-around coverage for another health care plan).

There are **four main challenges** and actions in progress, as follows: 1) DMAS is working on a **better awareness** program so everyone (LDSS, youth, providers, families, etc.) knows what services Medicaid and the MCOs provide. DMAS is working with 10,000 children through the adoption and foster care programs. DMAS is currently working with families, LDSS, and providers to keep them informed of Medicaid benefits. 2) DMAS is **working across agencies** to better coordinate services and resources. Each child is unique with different needs, so DMAS will continue to work with other agencies to make sure the needs of each child are being met. 3) **Outreach** is sometimes difficult with this transitional population. DMAS will improve outreach to families, DSS workers, and foster care members as much as possible. DMAS is developing a Tool Kit and Triage System. Follow-up on primary care and behavioral health networks is great. 4) **Care coordination and services need to be accessed** more regularly, especially with residential treatment facilities. DMAS needs to improve this process so that the MCOs know what is happening at these facilities and to be able to advocate for the children if needed.

DMAS wants managed care interventions for all children, but especially at residential treatment facilities so as they are discharged, DMAS knows what services they received and can continue treatment if needed. They will also know how to integrate the children back into the system. DMAS staff members are passionate about this group.

Senator Favola asked if there was a way for the Medicaid providers to stay with the child throughout their transitions from one home to the next, with the exception of moving

to another distant locality. Ms. Roberts said the child could either be transported back to a provider by DMAS or access the provider virtually; however, the case worker, family, or youth would need to ask to maintain providers.

Senator Favola also asked if DMAS could provide information to case workers and foster families about keeping the same providers so they would know to ask to do this. Ms. Roberts suggested the development of a YouTube video for case workers, youth, and families that would explain the benefits available and how to maintain their providers/services during the transition, including requesting to keep their health care providers from home to home. Commissioner Dede Goldsmith agreed that a YouTube video would be very helpful and help ease the burden for the foster care families and caretakers.

This presentation can be accessed on the Commission's webpage under the meetings tab.

IV. Virginia Department of Social Services Update

Danny TK Avula, M.D., Commissioner, Virginia Department of Social Services

Delegate Brewer stated that Dr. Avula, the new Commissioner of the Virginia Department of Social Services, would be speaking next. Dr. Avula thanked the state partners for helping to get citizens vaccinated for COVID as a nod to his previous role. He briefly described his past work history and recent pediatric clinician work. Dr. Avula stated that this work is deeply personal to him as a father of five and an adoptive parent. He explained that he is a pediatrician and has seen so many kids who have endured the trauma of not finding a permanent home and family.

Dr. Avula has been visiting local departments of social services (LDSS) to see first-hand what is done. There is a strain on the front lines with social workers who are dealing with very challenging conditions. He will be looking at how to stabilize the front lines. Dr. Avula encouraged the Commission on Youth members and all legislators to visit an LDSS to understand the challenges with antiquated IT systems and other conditions. The children are all wards of their localities and when there is nowhere for the child to go, the social worker is responsible for them 24/7. This puts a lot of stress on the social workers. Consequently, the child welfare system is in an acute state of crisis.

A main focus of Dr. Avula is to overhaul the integrated IT systems by redesigning the Child Support Enforcement and Child Welfare systems. One issue that emerged in the Safe and Sound Task Force is that background checks for hiring cause a huge delay, so the Task Force will be looking at how to streamline that process. The background check step adds to the staffing backlog, taking 4-6 weeks or longer. Candidates are finding other jobs while waiting. Online background check applications will help, as well as streamlining the process for fingerprints, paperwork, notarization, and other steps.

There is a group reviewing how to make background checks more efficient from start to finish.

About 1.9 million people need to be re-determined for Medicaid eligibility. This is half a million more cases than typical redetermination. The frontline can't handle this additional work, so VDSS is looking at every strategy, including how to automate with case management software and how to staff differently with paying overtime or hiring temporary staff to streamline the redetermination process. Processing is now taking 10 days for DSS but there are other steps that are out of VDSS control. This has been a major effort.

Senator Marsden explained that in 1996, employee pay was changed to a merit-based system but it was never funded. He wanted to know how Virginia can compensate its child welfare/social workers in order to reduce attrition and keep the hard-working staff who want to do this kind of work. Dr. Avula agreed that fair compensation is important to keep the best social workers.

Senator Favola thanked Dr. Avula for his public service. She asked about the Children's Services Act (CSA) and if VDSS could look at better coordination between providers and localities. She asked about adding more funding for prevention. Additionally, there might be legislative fixes VCOY could make to help support families and provide prevention services. Addressing issues early is always better than later. Senator Favola is hoping that the Commission on Youth can have a briefing on the Children's Services Act to perhaps find some funding for prevention services and to coordinate better. Dr. Avula looks forward to working with legislators to make some improvements.

Delegate Brewer thanked Dr. Avula for the update and is looking forward to working with him in the coming years.

V. Approval of Commission on Youth 2022 Study Plans

Delegate Emily M. Brewer, Chair

Delegate Brewer introduced Amy Atkinson, Executive Director of the Virginia Commission on Youth, to provide a summary of the Commission's 2022 Study Plans:

- Evaluate the effectiveness and efficiency of Virginia's juvenile detention centers
- Transition process for students with disabilities regarding records and services at the age of majority
- Collection of Evidence-Based Practices for Children and Adolescents with Mental Health Treatment Needs
- Foster Care Safe and Sound Task Force Work Plan

Senator Favola moved that the study plans be adopted. The motion was adopted unanimously.

VI. Staff Updates

Ms. Atkinson presented a document of 2022 Legislative and Budget Staff Updates. This document can be accessed on the Commission's webpage under the meetings tab.

Next, Delegate Brewer recognized Commission member Dede Goldsmith for her insight, wisdom and support during her 8 years with the Commission on Youth as a Citizen Member. Ms. Goldsmith was appointed under Governor McAuliffe and then Governor Northam. Ms. Goldsmith thanked everyone with whom she served over the years and is grateful for their support. She expressed her appreciation for the bi-partisan work being done to help children and youth.

Ms. Goldsmith requested that the Commission continue to have a member serve on the Executive Committee of the Virginia Higher Education Substance Use Project because it is vitally important to ensure that the intent of the law continues to be realized. Delegate Brewer stated how grateful the Commission was to have her.

VII. Adjourn

Delegate Brewer asked for any remaining comments and there were none.

The meeting adjourned at 11:21 a.m. The video of this meeting may be found at the following House of Delegates' Streaming site: <https://viriniageneralassembly.gov/hv>.