

# Addressing Unmet Needs of High Acuity Youth

*How Virginia's targeted approach began, its evolution, and lessons learned along the way*

Presented to the Association of Children's Residential & Community Services (ACRC)

*Virginia Department of Social Services (VDSS)*

Monday, December 8th, 2025

# Who are "high acuity youth"?

High acuity youth are youth in the custody of Virginia's Local Departments of Social Services (LDSS) with multi-system involvement (i.e., child welfare, juvenile justice, mental health), and complex social, behavioral, intellectual and/or medical needs that typically exceed the resources, processes, and expertise of any one provider or system.

# Low Numbers, High Impact

High Acuity Youth account for “only” ~2% of all youth in foster care in Virginia...

...BUT managing the complexity of their needs in a system that is not designed for them requires a level of capacity that local departments alone cannot provide.

# Mental Health & Foster Care

- **Higher rates of mental health issues**
  - Studies indicate that up to 80% of children in foster care have significant mental health issues
  - Four times higher than that of the general youth population (20%)
- **Trauma exposure (and re-exposure)**
  - Abuse, neglect, exposure to violence → PTSD, anxiety, depression
  - Dysregulation, aggression, self-harm, suicidal/homicidal
- **Lack of access to mental health services**
  - Multiple barriers, inconsistent or unavailable resources
  - Lack of trauma-informed care across continuum
  - Require individualized, specialized services
- **Lack of available placements**
  - Shortage of caretakers/providers who can effectively and appropriately meet the needs of youth *and* work through crisis or complex behaviors to prevent displacement/increase opportunities to reach permanency
- **Stigma and misdiagnosis**
  - Misinterpretations of mental health diagnoses as "behavioral" tend to result in:
    - Inappropriate, misinformed disciplinary measures
    - Over-pathologizing; over-prescribing psychotropic medications

# Root Causes of Placement Instability for High Acuity Youth

Lack of support for kin/  
fictive kin who might  
commit to caring for  
high-needs children

Workforce challenges

Underutilization of  
kinship families as  
foster care placements

Fragmented/siloed  
system of care &  
funding streams

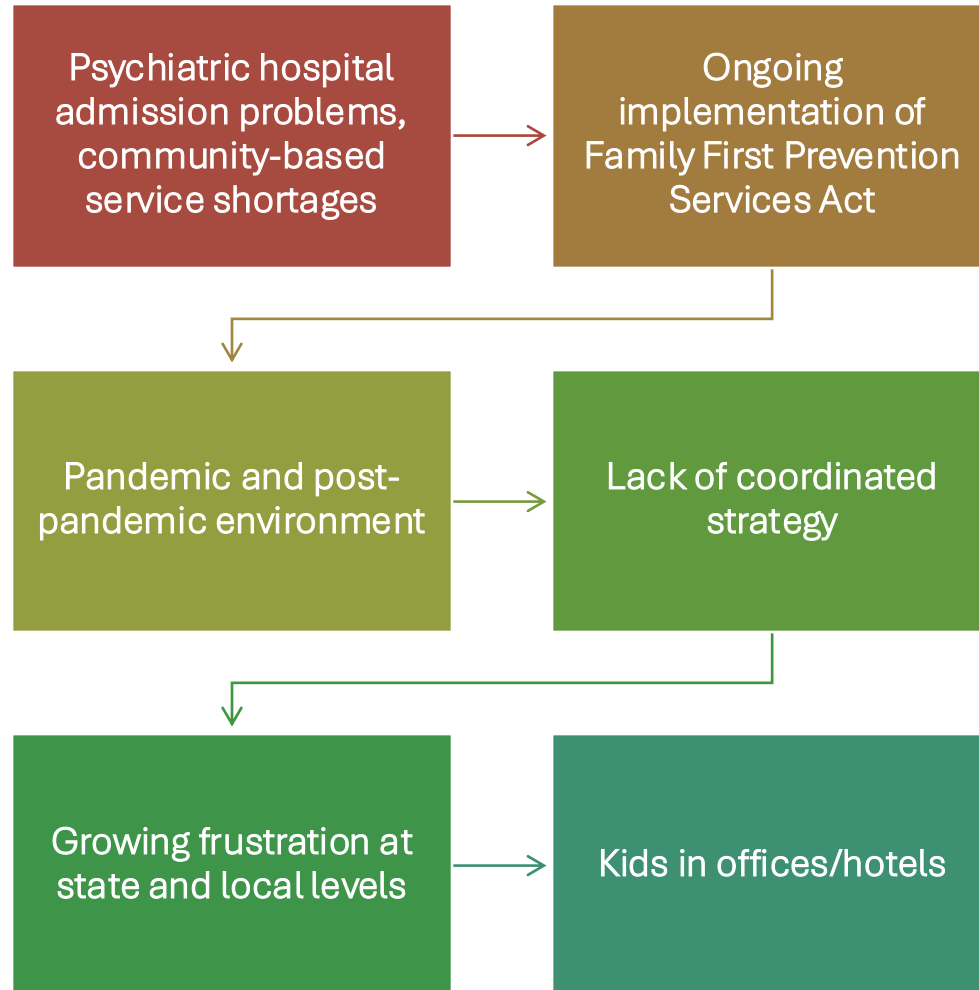
No "quick fixes"

Resource deserts

Misunderstanding  
behaviors and needs

For youth: Absence of  
hope and meaningful  
connection

# Displacement Crisis: Virginia's 2022 Recognition



## Finding foster children homes instead of sleeping on office couches, hotels

Foster Care: Kids in Crisis is a 10 News investigation looking into several aspects of the Virginia foster care system



ROANOKE, Va. – Foster Care: Kids in Crisis is a continuing 10 News investigation looking into several aspects of the Virginia foster care system. You can see those stories [here](#).



# Governor Youngkin's Call to Action: *Initiation of the Safe & Sound Task Force (SSTF)*

Launched April 1, 2022, with goals to:

- 1) End the phenomenon of youth sleeping in local departments of DSS (LDSS) offices, hotels, or other unapproved locations by identifying and securing safe placements for youth who are displaced;
- 2) Develop a “reservoir” of safe and appropriate placements for youth who may need them in the future; and
- 3) Enact overarching policy and system changes in Virginia



The SSTF Approach:

- 1) Clearly identify and define the problem
- 2) Enacted as a Governor-led/state leadership priority
- 3) Promotion of stakeholder & community engagement
- 4) Increase multi-agency & multi-sector collaboration
- 5) Go Team & Rapid Response meetings
- 6) Use of proven/evidence-based models
- 7) Enacting overarching policy and system changes in Virginia

# Four Core Recommendations

1. Prioritize the recruitment, retention, and needs of **relatives and foster parents**
2. Address gaps in children's community-based continuum and increase **access to evidence-based services**
3. **Enhance treatment modalities** in residential settings
4. Improve **integration and collaboration** across child-serving systems, recognize & solve for workforce challenges

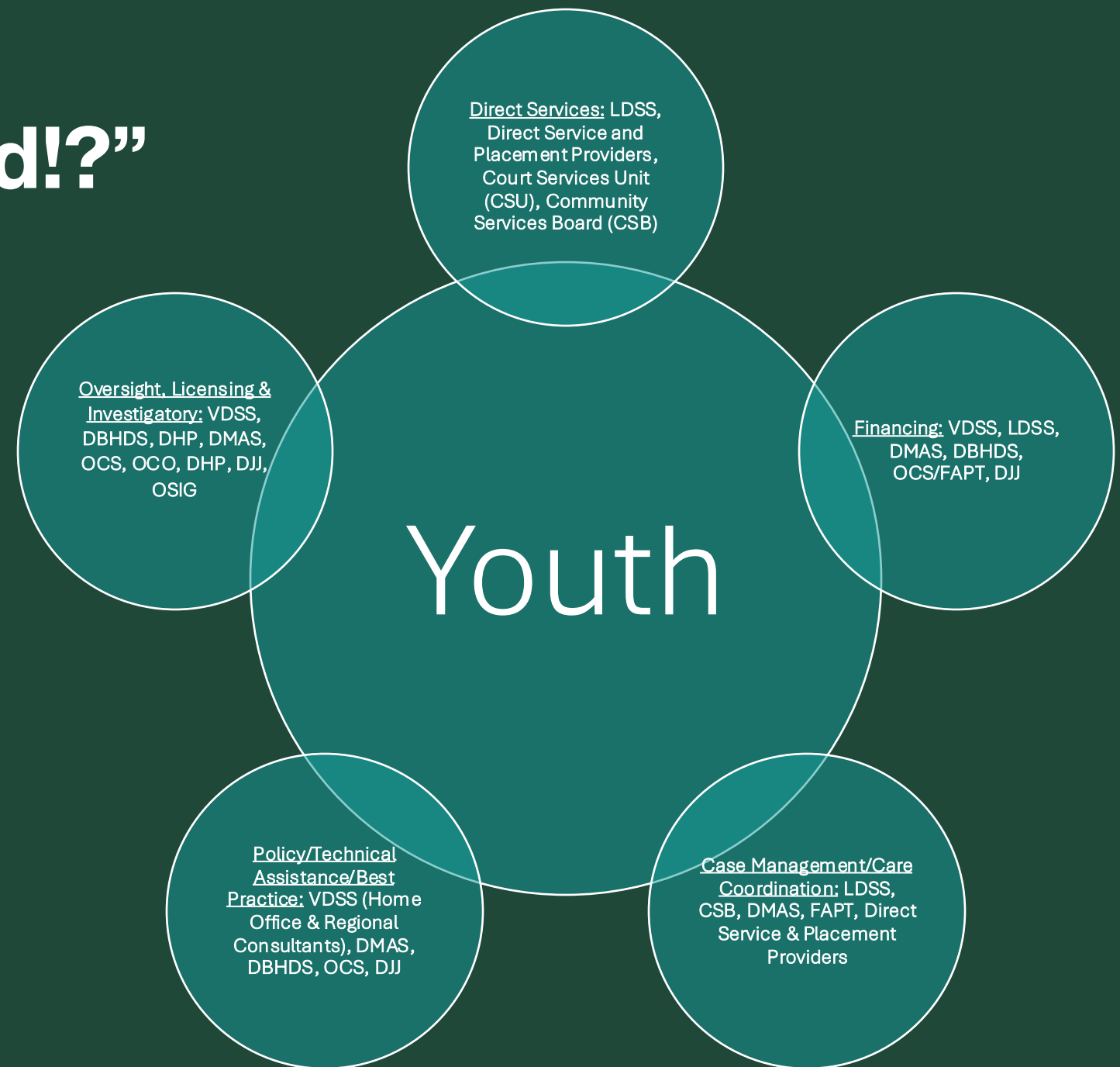


# “Why is this so hard!?”

*Please excuse the acronyms!*

The intention behind this diagram is to illustrate just how many offices and organizations there are to consider, involve, and coordinate with when working to ensure youth receive the care they need to thrive.

**This work can become very complicated, very quickly.**



# Go Team Meetings & Mindset

## Disrupting Practice as Usual

Bringing the right people/decision makers to the table to facilitate sharing of expertise & resources that promote individualized responses;



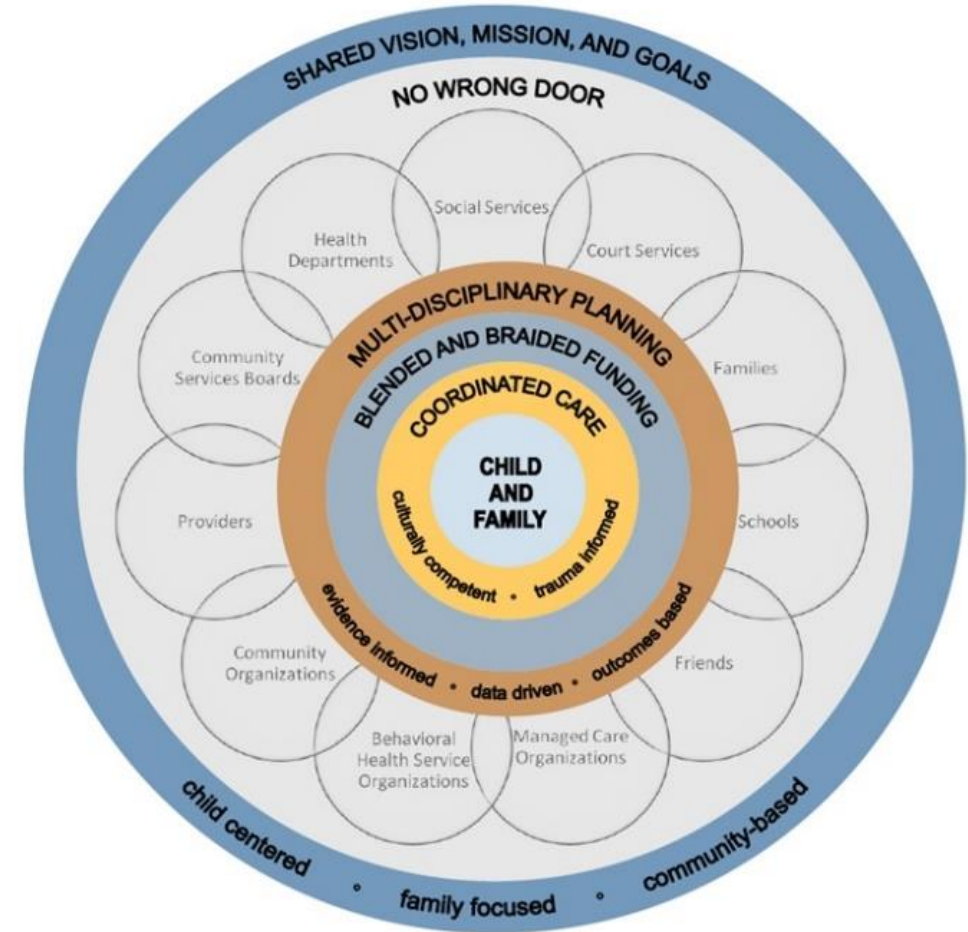
Holistic, solution-focused approach to transition planning: embracing creativity & leveraging resources, best practices, and coordinated care;



*What would it take?* A framework for conversation that promotes collaboration and investment in "System of Care" principles;



A strengths-based thought process for assessing needs at the micro and system level; it asks "What has worked?", "What hasn't?" and "What can we do (differently)?"



Virginia's Comprehensive System of Care  
Source: Office of Children's Services

# Early & Ongoing SSTF Initiatives

July 1, 2022-June 30, 2023

(continued in 2024-2025)

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**Exceptional Circumstances & Enhanced Treatment Foster Care Pilots** for foster care families to provide care and supervision to children in foster care who have high needs and require an exceptional level of supervision for the child to be successful in a family setting

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**Expansion of kinship** care best practice by child welfare staff through Kin First Now & Family Seeing™ Workshops conducted by Kevin Campbell & Elizabeth Wendel (consultation, coaching, leader days, workshops)

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**Additional operational and systems capacity** to address emergent placement disruptions or at-risk placements through High Acuity Youth Placement Coordinators (HAPCs) and VDSS Liaison position to address discharge planning at the state hospital

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**Psychiatric Residential Treatment Facilities Learning Collaborative** to strengthen evidence-based approaches in PRTFs to prevent disruptions and enhance peer supervision

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**Local resources to increase access to community-based services**, expand support for (kinship) foster families and adoptive families, and enhance trauma-informed care for children in foster care

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**Child Abuse and Neglect Project ECHO** (telehealth) for non-clinicians in behavioral health, schools/day cares, juvenile justice, and child welfare focusing on pediatric mental health, trauma-informed care, human trafficking, and child development

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## Before

## During

**Goals**

Undetermined

Defined, Shared

**Actions**

Limited, Siloed, Local

Active, Coordinated

**Communication**

Sparse, Undefined Channel(s)

Regular, Coordinated, Continuous

**System Coordination**

Infrequent, Disjointed, Local

Structured, Collaborative  
(state, local, private, public)

**Progress**

Stagnant, Disorganized

Ongoing, Measurable

**Outcomes**

Unknown

Emerging, Visible

# After Wins, Challenges & Evolution

Win: Awareness  
of Root Causes

Win: Cross-  
Continuum  
Work

Win: *What  
Would it Take?*  
Mindset

Challenge: SSTF  
Sustainability

Challenge:  
Shared  
Responsibility

Challenge:  
Displacement  
Continues

Evolution: VDSS  
Placement  
Assistance

Evolution: VDSS  
Pilot Programs

**What came next...**

# Developing the VDSS High Acuity Team (HAT)

- Under the Safe & Sound Task Force initiative, Governor Youngkin made two years of funding available to help implement and build the HAT;
- The HAT has become well known to Virginia's 120 LDSS, resulting in an increase of awareness, reporting, utilization, and referrals;
- VDSS maintains this dedicated team of uniquely trained specialists to provide direct placement assistance to LDSS in crisis (when youth are displaced or imminently at risk of displacement) who also:
  - Promote creative problem solving + "Kin First" practice and culture, with a focus on family (re)engagement for all – especially those without any other identified supports;
  - Make dedicated efforts (post-acute crisis) to provide LDSS (case workers) with coaching on family finding and engagement, integrating wraparound services, and additional encouragement in working towards permanency.

# H A T O B J E C T I V E S

Support LDSS experiencing crisis via direct assistance to identify solutions & reach stability; acknowledge the difficulty of this work & help increase LDSS capacity

**OBJECTIVE 1**

Reduce overreliance on congregate care; encourage kinship placements; introduce services that support family connection; transition planning to promote permanency

**OBJECTIVE 2**

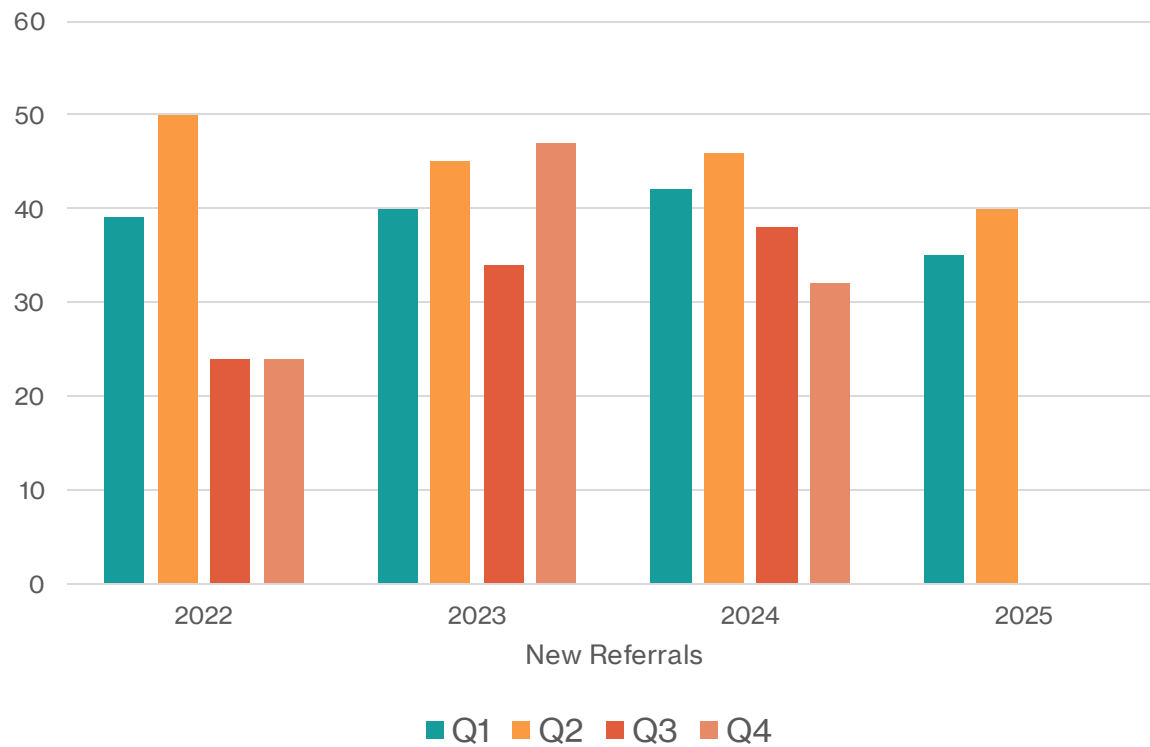
Leverage public/private partnerships to operationalize the community's role in supporting high acuity youth and their families

**OBJECTIVE 3**

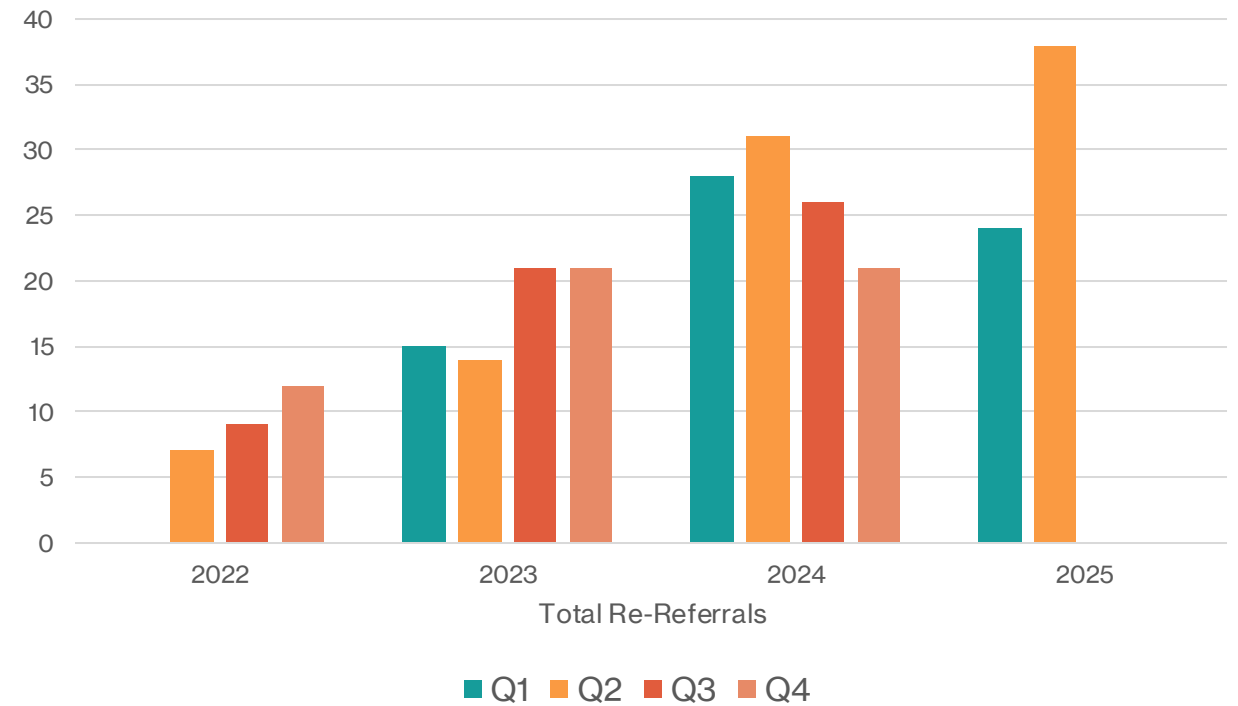
# Total New Referrals v. Re-Referrals

## 2022 - 2025 (Q1 & Q2)

Total \*New Referrals\* per Year by Quarter



Total \*Re-Referrals\* per Year by Quarter



# Where do we go from here?

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Lessons Learned

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HAT 2025-2026

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Questions

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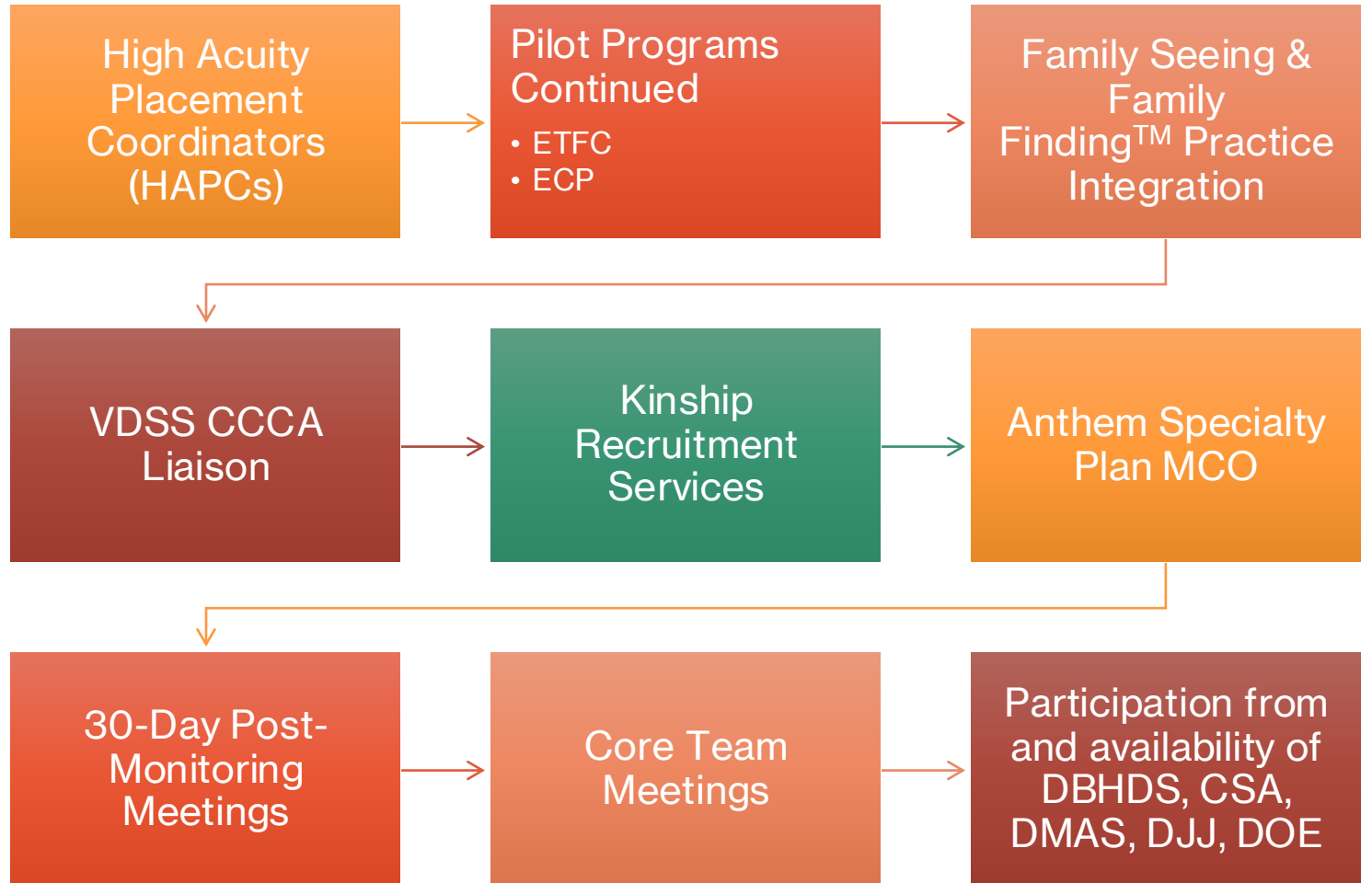


# Lessons Learned

- **Sometimes the most meaningful "help" is creating a space where frontline workers can feel seen and heard.**
- **Adding structure to multidisciplinary meetings can provide role clarity, increase efficiency, improve communication, and build trust/rapport.**
- **LDSS/frontline workers cannot be expected to adapt and handle (dis)placement crises in-house if additional resources – i.e. well-equipped placements & clinical expertise – are not specifically designated and/or made available.**
- **Collaboration is key; there must be sufficient capacity to organize efforts with an "all hands on deck" approach & drive momentum.**
- **Providing placement support (searching, identifying, and referring) without also addressing permanency needs has not been effective in "solving" the (dis)placement "problem".**



# High Acuity Team 2025-2026



# Questions?

