Kentucky’s Annual Progress and Services Report for Fiscal Year 2021, 2020 Submission
Child and Family Services Plan for Fiscal Years 2020-2024
III. Budget Narrative .............................................................................................................................................. 89
A. Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, Subpart I) ........................................ 89
B. Mary Allen Lee Promoting Safe and Stable Families (PSSF) Title IV-B, Subpart II .................................... 89
C. Monthly Caseworker Visits Funds and Implementation Plan .............................................................. 98
D. Budget Request ........................................................................................................................................ 98
E. Proposals for Re-Allocation of Funds ........................................................................................................ 98
F. Maintenance of Effort and Limitations ....................................................................................................... 99
**Introduction**

The Cabinet for Health and Family Services (CHFS/cabinet), Department for Community Based Services (DCBS/department) presents Kentucky’s Annual Progress and Services Report (APSR) for 2020. This report was completed per the program instructions, ACYF-CB-PI-20-02. The department is the entity responsible for administering the state’s statutes and regulations relating to child welfare. The APSR provides a comprehensive summary of Kentucky’s commitment to achieve positive outcomes for children and families through a more comprehensive, coordinated, and effective child and family services continuum. The state checklist for submission is available as Attachment 1. The 2020 APSR submission can also be located at [https://chfs.ky.gov/agencies/dcbs/dpp/cpb/Pages/cfsp.aspx](https://chfs.ky.gov/agencies/dcbs/dpp/cpb/Pages/cfsp.aspx).

**A. Agency Administration and Organization**

The cabinet is the state government agency that administers programs to promote public safety and public health (see Attachment 2 for the cabinet’s organizational chart). It is the largest of Kentucky's nine cabinets. The department remains the largest department within the cabinet (see Attachment 3 for the department’s organizational chart). The department administers the state’s array of protective and program support services to families including prevention activities and services to support family self-sufficiency, child protection, foster care, adoption, adult services, and many others. The cabinet’s structure affords the department unique opportunities to collaborate and better coordinate with providers of mental health, developmental disabilities, and addiction services; health care providers of children with special needs; public health; Medicaid services, long-term care providers and aging services; school-based family resource centers; volunteer services; and income supports, such as child support. The department’s direct service delivery is provided by nine service regions, which cover all 120 Kentucky counties. Each region, led by a service region administrator (SRA), implements the cabinet’s programs and manages resources to meet regional needs. The cabinet’s organizational structure provides an opportunity to maximize resources, leverage additional funds, and evolve the overall child welfare service continuum in Kentucky. The cabinet also collaborates with other external state agencies and community resources to assist in providing efficient and timely services to families and children.

Reorganization occurred within the department in October 2018. With the reorganization, DCBS established new branches and sections within the Division of Protection and Permanency (DPP/division) and Division of Service Regions (DSR). These additions have allowed promotional opportunities for staff and have strengthened divisions by allowing improved workflow and processing. In addition, the reorganization consolidated the four family support service regions with the nine protection and permanency service regions.

**B. Legislative Updates**

The 2020 regular session of the Kentucky General Assembly focused on varying topics, including school safety, public assistance reform, abortion, and child welfare. DCBS tracked 61 bills, resolutions, and their many amendments. The cabinet pursued 10 pieces of legislation during the 2020 session. The department developed or was heavily involved in the development of four of those pieces of legislation. Three of those bills passed and the department may pursue the remaining legislation in future sessions. DCBS also assisted the Kentucky School Board Association and the Voices of the Commonwealth (VOC; current and former-foster youth organization) in the development of bills, which also passed.

The following is a brief summary of DCBS-relevant legislation enacted during the 2018 regular session. Unless otherwise noted in the enacted legislation, the legislation will become effective mid-July 2020.

- SB 40, an act relating to child welfare, was legislation developed by the department. Legislation to require fingerprint-based background checks for staff members of private child-placing (PCP) agencies was originally included in House Bill 158 during the 2019 session. This measure passed House and Senate committee, however, was removed by a floor amendment before final passage of the bill. The requirement for staff members of private child-caring (PCC) facilities to submit to background checks in accordance with the Family First Prevention Services Act (FFPSA 42 U.S.C. sec. 671(a)(20)(D)) was codified, however, PCP staff members were excluded. The department recognized this as a gap in
the protection of children in the care of PCPs. In addition to requiring PCPs to submit to these checks through SB 40, the department included frontline DCBS staff in the legislation and defined staff member. This bill passed and was signed by Governor Beshear on March 27, 2020.

- HB 312, an act relating to children, focused on schools, the education of all children, and included amendments to a number of statutes specifically referring to the education of foster children. The bill requires more involvement from DCBS frontline staff in a foster child’s enrollment in school. Additionally, the bill requires PCPs to have written policies and procedures in regards to school outreach activities and established new language requiring PCPs and DCBS to provide notification, through registry, when a foster family home is closed and criteria for the re-opening of the home. This bill passed and was signed by Governor Beshear on March 27, 2020.

- SB 115, an act relating to the tuition waiver for Kentucky foster or adopted children, was legislation developed by VOC. Existing statute required public postsecondary institutions to waive tuition and associated fees for Kentucky’s former foster and adoptive youth for undergraduate programs with certain limitations. This legislation amended the statute to include postgraduate programs and extended eligibility to receive the waiver.

- HB 352, an act relating to executive branch appropriations, was the 2020 regular session executive branch budget bill. This bill included a Tobacco Settlement Funds appropriation for early childhood adoption, foster care supports program and general fund appropriations for Fostering Success, relative placement support benefit, domestic violence shelters, rape crisis centers, the Child Care Assistance Program, family counseling and trauma remediation, child advocacy centers, and Family Scholar House. Due to the current state of emergency and COVID-19 pandemic, a budget was only approved for the state fiscal year (SFY) 2021, instead of the biennium.

Additional summaries of the 2020 regular session and legislation is available through the Kentucky Legislative Research Commission’s (LRCs) website: https://apps.legislature.ky.gov/record/20rs/record.html

C. Child Welfare Continuum and Ongoing Collaboration

During Kentucky’s 2016 Child and Family Services Review (CFSR), Kentucky was found to be in substantial conformity with the systemic factor of Agency Responsiveness to the Community. One of the two items within this systemic factor was rated as a strength. Item 31, State Engagement and Consultation with Stakeholder Pursuant to CFSP (Child and Family Services Plan) and APSR, was an area needing improvement for the state as identified during the CFSR. The CFSR final report noted lack of active engagement and ongoing consultation with key stakeholders in development the CFSP and annual updates included in the APSR. Coordination of CFSP services with other federal programs was rated a strength during the CFSR, as information gathered showed how the department actively coordinated with other agencies, including mental health providers, schools, housing services, and courts.

The department has made great strides in improving engagement and consultation with stakeholders in the development of the CFSP, as well as the updates provided within this APSR. The department has collaborated with many entities during the development of the 2020-2024 CFSP, including families, children, and community partners. For many years, the CFSP Stakeholder CQI group met once or twice per year to discuss CFSR and CFSP activities, however, this group was not used to its fullest potential. The department was aware that more meaningful conversations were needed with these valuable partners to inform the CFSP and other department initiatives. In early 2018, the group met to discuss a realignment of the group to ensure that meetings were beneficial to both the department and the stakeholders who participate. The group was reoriented to the true purpose of the group and discussed a meeting frequency that would meet the needs of everyone. Since that discussion, the group has held quarterly meetings facilitated by the Eastern Kentucky University (EKU) Facilitation Center. Meetings have included meaningful stakeholder input to inform the development of the CFSP, as well as assessing the implementation of current initiatives. Despite the COVID-19 pandemic, the stakeholder meetings are held consistently. There continues to be an increase in attendance and stakeholder representation. It is anticipated that the move to a virtual platform will eliminate barriers that prevent attendance for some stakeholders, such as transportation and time constraints. According to our attendance rosters, there is a healthy representation of the invitees listed below present at each meeting held.
The current invitee list includes, but is not limited to department staff, to include frontline staff and supervisors, program staff, and leadership; the Administrative Office of the Courts (AOC); Department of Medicaid Services (DMS); Court Appointed Special Advocates (CASA); Division of Family Support (DFS); Prevent Child Abuse Kentucky (PCAK); the Department of Juvenile Justice (DJJ); the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID); Orphan Care Alliance (OCA); the Children’s Alliance; Family Resource and Youth Services Centers (FRSYC); parent representatives; Children’s Justice Act (CJA) representatives; various service providers including those receiving Community-Based Child Abuse Prevention Program (CBCAP) funding; various partners from different universities, including the training resource consortium; Early Childhood Education; and the Department for Public Health (DPH); foster and adoptive parents and the Department for Education. Current and former foster/adoptive youth are invited, however, are often unable to attend on a consistent basis due to transportation and time constraints. It is anticipated that with the move to a virtual platform, youth attendance will increase and be more consistent.

An area of concern over the years has been in the inclusion of parents, youth, foster parents, and frontline staff in the group. The department continues to invite and develop relationships with these groups in order to collaborate and receive their input. Although there are no federally or state recognized Native American tribes in Kentucky, the department attempts to engage the two tribes that are within the state, Southern Cherokee and Ridgetop Shawnee. The department has invited tribal representatives to upcoming and ongoing CFSP Stakeholder CQI meetings. The only contact information available for the Ridgetop Shawnee, provided on their website, is an email address. Numerous attempts to contact the Ridgetop Shawnee have been made via email with no success. The Southern Cherokee Nation has been contacted and the Chief has stated that the tribe is unable to participate due to funding issues. The department continues to email the meeting agendas, invites, and meeting minutes prior and following each quarterly meeting. The emails are not returned as “undeliverable”, leading to the assumption that the tribes have received the information. As a result of moving the meetings to a virtual platform, the department will continue to invite the tribes to attend virtually in hopes that this will remove any barriers to participation. Additionally, the department has reached out to the faith-based community with invitation to the stakeholder meeting. As a result of the COVID-19 pandemic, the April 2020 meeting was held virtually utilizing the Zoom platform. The department received positive feedback from the more than 80 participants in attendance regarding the flexibility that the virtual meeting provided. The department is brainstorming ways to develop a hybrid-meeting model post-pandemic that would allow participants to attend in person or virtually, thus providing opportunity for additional participants who have been previously unable to attend due to travel and other barriers.

The CFSP Stakeholder CQI Group participated in the development of the CFSP through review of relevant outcome data, assessing the current functioning of the child welfare system, and providing input into the development of goals and objectives. The department will utilize the CFSP Stakeholder CQI Group during this CFSP period to evaluate the implementation of the goals and objectives within the CFSP and make modifications to the plan as necessary. Each meeting includes updates on selected CFSP activities, which includes presentations from department staff and stakeholders involved in those activities. The stakeholders receive the most updated information as to the status of the CFSP. Feedback is solicited during meetings from the stakeholders through conversation. Additionally, a survey, accompanied with up to date data, has been developed to send to all attendees once a year requesting feedback on the department’s performance on the CFSP goals, as well as the CFSR outcomes and systemic factors. The feedback and survey responses are shared with leadership and disseminated to the workgroup leads for discussion and possible integration in the work and utilized in the department’s assessment of progress. Due to the COVID-19 pandemic and the effort required to transition from in person operations to telecommuting, the survey was not distributed following the April stakeholder meeting as intended. However, it is scheduled to be released shortly following the July stakeholder meeting.

The department leads service provision for child protective services, adult protective services, and financial assistance programs. The inclusion of the three program areas under the same leadership team ensures better coordination for the shared service population. The department collaborates with many entities, as explained in the 2020-2024 CFSP, including
DBHDID, the private childcare community, the Department of Education, and AOC. Administrative interactions between the agencies are both formal and informal, and include both general coordination efforts and project-based discussions. Interagency sharing of data is common and essential for program improvement. Examples of specific community partner involvement includes the following meetings: local multidisciplinary team meetings; local, regional, and statewide interagency councils; program improvement plan (PIP) meetings; quarterly plan of safe care (POSC) meetings; child welfare transformation meetings; FFPSA meetings; quarterly PCC/PCP meetings; and CFSP stakeholder meetings. Currently, the department does not have a way to measure the frequency and quality of the numerous collaborative meetings that take place regarding, micro to macro level, within the child welfare system; however, this is a task that the department plans to accomplish during this CFSP period. Additional collaborative efforts between the department and stakeholders are outlined throughout the APSR and attached documents.

I. Annual Progress and Services Report

The goals for the 2020-2024 CFSP were developed in collaboration with the entities described above and throughout the narrative. The CFSP was developed by utilizing the areas needing improvement identified and work completed through the child welfare transformation initiative; additional requirements from the program instructions; targeted CFSR PIP activities that will be expanded statewide within the next five years; and other activities and initiatives that were identified to improve outcomes for families and children. Many of the objectives outlined below will affect multiple goals, however, were aligned under goals that will most likely receive the greatest impact.

The CFSP matrix for 2020-2024, with detailed task updates and necessary modifications, is available for review as Attachment 4.

A. Accomplishments Regarding Goal One: Improve safety outcomes for children during all phases of child welfare intervention

Child safety is paramount and the foundation of child welfare practice. Kentucky is committed to ensuring children are, first and foremost, protected from abuse and neglect. As demonstrated during the CFSR, PIP baseline data, and through ongoing PIP monitoring, the department struggles with conducting quality safety assessments (initial and ongoing) that address the safety of children served (CFSR Item 3). However, when combining measurement periods for period under review (PUR) 3/19-2/2020 to reflect a twelve month period (75%) for Item 1 to ensure a sufficient number of cases, the department has seen a positive increase in timely initiation. This increase has led to the successful completion of this PIP goal, however, still indicates room for improvement as the percentage has dropped in the eighth measurement period.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>75%</td>
<td>69.77%</td>
<td>69.23%</td>
<td>75%</td>
<td></td>
</tr>
<tr>
<td>Item 2 (PIP Goal-54.2%)</td>
<td>60%</td>
<td>49.44%</td>
<td>31.11%</td>
<td>40%</td>
</tr>
</tbody>
</table>

Online Monitoring System-State Rating Summary

CFSP Goal 1 directly relates to the PIP’s objective around the implementation of a safety model. The department will utilize the CFSP to fully implement, assess, and make needed modifications to the safety model. This will ensure that the department has an ample amount of time to implement the model with fidelity so that families will receive the full benefit of the model.
The department has struggled with conducting quality safety assessments that address the immediate needs of families served. Reported explanations for this include lack of staff time due to large caseloads, as well as the practice skill sets of the workforce, particularly when differentiating between safety and risk. Frontline supervisors are the gatekeepers of safety practice and quality work, therefore, it is crucial that supervisors have the practice skills necessary to assist staff in making appropriate safety decisions. The department has conducted a preliminary screening threshold analysis. As this is only a preliminary analysis, findings are pending and not available for dissemination. Additionally, assessments conducted through PIP workgroups identified needed SOP changes to better support frontline staff in assessing safety and risk, to include the development and implementation of a stand-alone safety plan. The department has issued a web-based training for the revised SOP for the safety, prevention, and aftercare plans to assist workers in properly assessing safety threats and differentiating safety and risk. As the SOP was only recently released, the department is unable to determine if this has affected outcomes.

Another barrier within the department surrounds the number of reports that are accepted for investigation, and are subsequently unsubstantiated. This leads to larger caseloads for an already overburdened workforce and takes time and attention away from families who truly need services. In an effort to slow down the intake process and gather the information needed to make better decisions for assessing reports for acceptance, the department will need to enhance the skills of intake staff. This will assist in decreasing the number of false positive acceptances (referrals that are incorrectly accepted for investigation), consequently reducing staff burden. As this endeavor could lead to concerns from the community, the department will explore ways to effectively communicate this change to the public.

**Implement an established safety model to include ongoing safety assessments through critical junctures of the case statewide by 2024.**

The implementation of an established safety practice model that is supported by effective and enhanced supervision and consultation will: 1) ensure children are only coming into out-of-home care (OOHC) when there is a true safety issue that cannot be controlled by department intervention; 2) provide a structured supervisory framework that promotes a “supervisor as safety monitor” culture; and 3) increase timely permanency by assuring children return home as soon as it is safe or are moving toward another permanency goal. Additionally, with an established safety model, frontline staff will gain greater skills in assessing for and identifying the difference in safety and risk, which will ultimately result in better outcomes for families and children.

The department finalized a contract and scope of work with the National Council on Crime and Delinquency (NCCD) Children’s Research Center to implement the Structured Decision Making® (SDM) intake assessment for child welfare on March 1, 2020. A project kick-off meeting was held March 20, 2020 where next steps were formalized to move forward with the implementation of the intake assessment. NCCD is currently conducting a review of Kentucky’s statutes, administrative regulations, and department standards of practice (SOP). The department has provided relevant materials and assistance as needed for clarification purposes. The project planning and startup tasks include web surveys and phone interviews, data analytics, project management, and a summarization of all start-up activities. Staff from Kentucky’s Comprehensive Child Welfare Information System (CCWIS), The Worker’s Information SysTem (TWIST), team, and NCCD have also begun collaboration for data analysis by NCCD.

The safety and risk assessment customization, inter-rater reliability testing, safety and risk assessment training curriculum development, automation, training, and implementation support are detailed in a second contract with NCCD. While the department has committed to the totality of this work, it was necessary to split the work between two contracts to align with the start of a new budget biennium on July 1, 2020. This second contract will be executed at the beginning of the next state fiscal year (July 1) and it is anticipated that this work will continue into 2021.

To determine whether the implementation of a safety model has been successful in improving outcomes for families and children, the department will monitor the rates of repeat maltreatment within the state, as well as entry into OOHC. Data
from the February 2020 CF SR 3 data profile indicates that Kentucky’s recurrence of maltreatment risk standardized performance (RSP) is at a 19%, while the national performance is 9.5%. Within five years, the department’s goal for the recurrence of maltreatment to decrease below the national standard. Additionally, the department anticipates that data from third-level case reviews will show an increase in strength ratings for Item 3. PIP goals for Item 3 indicate that Kentucky must be at 54.2% for successful completion. In five years, Kentucky’s goal is to move beyond the PIP goal to 60%. In conjunction with the implementation of the safety model, additional work is occurring to further analyze cases where recurrence of maltreatment has occurred in order to identify missed opportunities and strategize ways to decrease recurrence in future cases.

Table 2

<table>
<thead>
<tr>
<th></th>
<th>January 2019 Data Profile RSP</th>
<th>February 2020 Data Profile RSP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recurrence of Maltreatment National Standard: 9.5%↓</td>
<td>FY 16-17: 16.2%</td>
<td>FY17-18: 19%</td>
</tr>
</tbody>
</table>

The department is receiving implementation supports around Goal 1 from NCCD and the Center and will continue to receive support and technical assistance from both entities throughout the entire implementation of the goal activities. There is an NCCD project manager specifically assigned to work with Kentucky’s implementation of the safety model. The Center has also assigned a project manager to assist with implementation as needed. NCCD has developed an implementation timeline that will ensure goals are met timely. Communication plans have been developed to inform stakeholders and staff of the new safety model. Stakeholders have been involved and actively participated in the selection of the safety model and the tailoring of the model to Kentucky’s specific needs and will post implementation. Over the next several years, the department will work to successfully complete the remaining CFSP tasks associated with the implementation of the safety model.

**Populations at Greatest Risk of Maltreatment**

Relevant literature and reviews of fatality and near fatality cases confirm that the state’s population at greatest risk is children age four and under—particularly those with a report of physical abuse or otherwise unexplained injury. The department continues to utilize expert pediatric forensic guidance from the University of Louisville (UofL) to assess child abuse cases. As part of ongoing efforts, during 2019, the department continued to operate targeted case reviews for children age four and under with a physical abuse subprogram. Since the reinstatement of these reviews in July 2019, 104 reviews have been completed through April 2020. Referrals received, completed, and reviewed in 2019 were found to have concerns related to risk and protective capacity in 69.35% of the cases.

Kentucky works with service providers to link families to appropriate services to match the needs identified during the risk assessment. Common services that are developmentally appropriate for this age group include First Steps, Kentucky Health Access Nurturing Development Services (HANDS), and Early Childhood Education. These services are provided within the majority of communities throughout the state and link families through a referral process and ongoing support from growing community partners. Other services that may be matched to families for this age group, depending on the presenting maltreatment, include Sobriety Treatment And Recovery Teams (START), Kentucky Strengthening Ties and Empowering Parents (KSTEP), Targeted Assessment Program (TAP), and other in-home services to address low to moderate risk of harm. More information on these services can be found in Attachment 11.
As a part of ongoing efforts to address substance misuse in cases with infants, the department previously trained orientation-level material to all nine service regions and 16 behavioral health administrative districts. Birthing hospitals were included whenever possible. Public health and child welfare personnel conducted the trainings, and discussed basic content related to adverse childhood experiences (ACES), mandatory reporting, neonatal abstinence syndrome, medication-assisted treatment, and POSC components. These efforts are ongoing as the department continues to collaborate with DBHDID, DPH, Community Mental Health Centers (CMHCs), and other community partners to develop new service opportunities for substance-affected infants and families while ensuring infants and families are linked to existing services. Since the initial round of training in the service regions, another round of POSC training was completed in January through March of 2018 in all service regions. The state will continue to work to strengthen the continuum of service on this topic and on POSC principles. The department developed an expanded SOP section on substance misuse that can be found at SOP 1.15 Working with Families Affected by Substance Misuse.

B. Accomplishments Regarding Goal Two: Ensure that appropriate services are available that expand prevention continuum and are provided to meet the needs of families and children in Kentucky.

Service provision within the state has historically lacked in regards to ensuring that families who suffer from addiction have affordable and quick access to needed treatment for substance misuse. Additionally, there has been a lack of prevention services to assist families in the home and prevent unnecessary removal. CFSR findings indicated that Kentucky was not in substantial conformity and needed improvement regarding well-being outcomes and the array of services available to families (Systemic Factor 5, Item 29 Service Array, and Item 30 Individualization of Services). Item 2 (services to family to protect child(ren) in the home and prevent removal or re-entry into foster care) only had 67% of applicable cases rated as a strength during the CFSR. PIP baseline data shows a further decrease, with only 54.9% of applicable cases rated as a strength, and continuously low scores on this item throughout the eight PIP measurement periods. Item 12 (needs and services of children, parents, and foster parents) only had 34% of cases rated as a strength during the CFSR. PIP baseline and measurement period data shows that this trend continues.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 2</td>
<td>67%</td>
<td>54.9%</td>
<td>32.43%</td>
</tr>
<tr>
<td>Item 12</td>
<td>34%</td>
<td>40.78%</td>
<td>26.14%</td>
</tr>
</tbody>
</table>

Online Monitoring System—State Rating Summary

During the CFSR, Kentucky was found to not be in substantial conformity with the systemic factor of Service Array and Resource Development, as neither of the items in this area were rated as a strength. Item 29 was identified as an area needing improvement for the state based upon information gathered during the CFSR. Findings concluded that services were not adequate and accessible to all families and that waitlists and cost were areas of concern. The individualization of services, Item 30, was also identified as an area for improvement. Concerns noted during the CFSR included the use of standardized plans that do not consider the unique needs of families, the inability of relative caregivers’ access to the same services that are available to foster parents and birth parents, waitlists, lack of services, and the utilization of available services rather than needed services.

Kentucky has made improvements in its efforts to identify service gaps and provide services to families in all areas with the inception of multiple contracts to expand services. Capacity has been built within the state in regards to the title IV-E evidence based practices (EBPs) provided to families by prevention providers. Previously, The Lakes Service Region had not
implemented EBPs and no well-supported EBPs were available in the region. Now, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Parent-Child Interaction Therapy (PCIT) are available to families within the region. TF-CBT, PCIT, and Functional Family Therapy (FFT) were also implemented in an additional five service regions: Salt River Trail, Northern Bluegrass, Northeastern, Eastern Mountain, and Southern Bluegrass.

**Domestic Violence Services in Kentucky**

The department is the primary state level administrator for both domestic violence services for persons who are victims (including both adults and children) and those who perpetrate domestic violence. The department works closely with the Kentucky Coalition Against Domestic Violence (KCADV) to administer and deliver those services at the local level. The department has a contractual agreement with KCADV with multiple funding streams ($11 million/year) that KCADV then subcontracts out to the local domestic violence programs. More information is available online at [www.kcadv.org](http://www.kcadv.org). KCADV is the professional association for domestic violence programs in Kentucky. These programs operate domestic violence shelters and provide an array of community based and other services to assist domestic violence victims and their children. In a typical year, the 15 shelters provide emergency shelter or other housing services to approximately 10,000 unique individuals and work with approximately 20,000 non-shelter or community based individuals. The services provided include a 24/7/365 hotline, crisis counseling, advocacy services, education, financial literacy, and other economic and empowerment services. In Kentucky, domestic violence programs are located in each of the Area Development Districts, which ensure that domestic violence programs with both shelter-based and community-based services are available in each of the 15 regions in Kentucky.

Additionally, the department administers domestic violence services to perpetrators of domestic violence. Kentucky has a statutory certification administered by the department and KCADV for the network of batterer intervention providers (BIPS) in the state. This certification establishes both initial and ongoing training requirements, services standards, and provider qualifications. In Kentucky, there are currently over 125 individuals certified to provide batterer intervention services. These providers provide services in over 50 counties across the state.

The network of batterer intervention providers in Kentucky generally serves about 1,500 unique individuals. Of this population, over 90% are males and they are primarily referred to batterer intervention as a result of a court order for a domestic violence or personal protective order. Other referral services for batterer intervention services are probation officers/departments; county or commonwealth attorneys in cases with deferred criminal charges; and the department through case plans.

An identified service gap is that batterer intervention services are not nearly as accessible as domestic violence shelters or community-based services for domestic violence victims. Kentucky does not pay for, nor subsidize batterer intervention services. In Kentucky, providers collect fees from clients receiving batterer intervention services, which are typically $20-25 per weekly session and the course of services is a minimum of 28 weeks. The payment requirement can often be a barrier for participants.

**Mental Health Services**

In Kentucky, behavioral health services are provided through a network of community mental health centers administered by DBHDID, and a much larger but less comprehensive network of private providers.

Kentucky has 14 regional CMHCs that are based upon the Area Development District model. These CMHCs are individual, non-profit corporations that collaborate with DBHDID and other stakeholders to provide a variety of behavioral health services for adults, children, and individuals with developmental or intellectual disabilities. The CMHC network and the state hospitals (also administered by DBHDID) are the “safety net” for behavioral health services in Kentucky. More information is available at [http://dbhdid.ky.gov/](http://dbhdid.ky.gov/).
In addition to CMHCs and state hospitals, there is a much larger network of private providers, which span a spectrum that includes individual practitioners, multi-specialty groups (MSGs), behavioral health service organizations (BHSOs), University of Kentucky (UK), UofL, and other local, regional, and national behavioral health corporations.

Access to these services are often dependent on a number of factors. These factors include geographic location of the service and the service seeker, transportation, scheduling, and payer source. Individuals enrolled in Medicaid are assigned to a Managed Care Organization (MCO) of which there are five operating currently. Each MCO maintains its own unique provider network that includes a mix of CMHCs, independent, university, and other providers.

On May 4, 2020, Kentucky realized its largest number of children in OOHCA at 10,047*. In order to safely decrease this number, the state needs a service array that expands the prevention continuum. Prevention services to address substance abuse in the home, in addition to other high-risk behaviors, are necessary in order to ensure children can remain safely in the home and avoid the additional trauma associated with removal. During the 2016 CFSR self-assessment, transportation was identified as one of the barriers to families receiving crucial services to prevent removal. In-home services such as START and KSTEP, which provide services in the home or assist with transportation when needed, have shown great success within select areas of the state.

<table>
<thead>
<tr>
<th></th>
<th>June 2, 2019</th>
<th>June 7, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>TWS-058 Foster Care Fact Sheet</td>
<td>9,875</td>
<td>9,950</td>
</tr>
</tbody>
</table>

In preparation for implementation of FFPSA in October 2019, the department conducted a service array analysis to determine what services are needed and where the need is within the state. Data from this analysis showed that although in some areas of the state many families and children were receiving contracted in-home services, there were still many gaps in service provision. For instance, data from the analysis showed that the Eastern Mountain Service Region had 2,011 families served by a contracted services provider in 2018, while only 706 families in The Lakes Service Region received services from a contracted service provider. Additionally, the data also showed that the variety of contracted services available within each region vary. One example is service provision from START and KSTEP, both of which are only available in select areas within the state, but have shown high rates of success in those areas.

CFSP Goal 2 enhances the strategies already outlined within the PIP around service array, which addresses collaboration with mental health providers to improve the quality of services as related to substance misuse, increasing community supports to improve the quality and frequency of parent-child visitation, and ensuring services for relatives and fictive kin. Expanding prevention services statewide, as well as implementing an alternative response for low risk families, will complement the work in the PIP and move the state toward providing more quality services to families.

For additional information on Kentucky’s service array, please see Attachment 11. Service Array Index.

**Expand prevention services statewide 12% by 2024.**

The department hosted regional forums for all nine service regions to inform frontline staff, as well as community partners, on the implementation of FFPSA and the results of the provider readiness assessment. This was another organized and strategic way to engage the child welfare system and other related stakeholders around what to expect with FFPSA, as well as to determine communities’ readiness to implement. These forums were the product of the efforts of many key players, including a lead organization, Kentucky Youth Advocates (KYA), to coordinate the effort; committed leadership and staff from DCBS; supports, both technical and financial, from Casey Family Programs; and key community partners across the

---

*KKentucky typically sees an increase in out-of-home care at this time of the year and courts were closed due to COVID-19 at this time, preventing hearings and case closures that would result in children exiting out-of-home care.*
state willing to collaborate. The forums sought to share information about the federal legislation, anticipated changes in Kentucky over the coming months and years, and reflections on both from stakeholders directly affected by those changes.

The nine regional forums across Kentucky resulted in great engagement. Social workers, educators, judges and prosecutors, nonprofit leaders, state legislators, and many other advocates for Kentucky’s children and families participated in the forums to learn more about what implementation of FFPSA would mean for families in Kentucky. There were 1,149 attendees and another 2,172 streaming views. One vital component of the success of the forums was having a former foster youth share the perspective of a young person with experience within the child welfare system. Regional-specific data was also shared in each region to most accurately depict what families in those communities were experiencing and what the outcomes were for those children. The department knows that strong families equal strong communities and it was vital that each stakeholder see their role in this call to action. The constant message throughout the forums was that individuals know their community’s best and that not everyone will play the same role, but everyone has a role to play. The information gathered from participants helped to identify local and regional strengths, needs, and challenges. The guided implementation efforts allowed the department to make adjustments in response to concerns or issues identified that may not have previously been considered. It also helped to identify areas where additional targeted communication was needed due to misconceptions around FFPSA by the local courts or community partners.

The department submitted its FFPSA five-year prevention plan in August 2019. Through continued collaboration with Chapin Hall and the Children’s Bureau, Kentucky received approval of the plan in April 2020. Additionally, Kentucky received an award notice for funds through the Family’s First Transition Act (FFTA) to assist with the implementation of FFPSA and to serve as a bridge between the previous title IV-E waiver demonstration and FFPSA.

Additional funding was added to FPP contracts in March 2019, to serve an additional 25% of families. This was achieved by the fourth quarter of 2019, with an additional 27% family served. In September 2019, a contract was executed with an additional service provider to begin providing Family Preservation Program (FPP) services. The agency was contracted to serve 30 families, with two clinicians serving up to six families at a single point in time. However, multiple contractual delays occurred which led to significant interruptions in hiring, training and serving families. As a result, the agency was only able to serve seven families in 2019. Through review, it was determined that the contract review and edits were behind schedule upon submission in May for the anticipated start date of July 1, 2019 and placed on a three-month waitlist by the department’s Division of Administration and Financial Management (DAFM). In the future, the department intends to initiate the contract approval process much sooner in order to comply with the normal contracting schedule and account for unanticipated delays. Additionally, the department is developing a contract committee to address and streamline contracting procedures. This contract was renewed for the next biennium and expanded to serve 72 families, with four clinicians, a case manager, and to serve eight counties.

Additional funding for prevention services was requested in the department’s biennium budget ask. However, considering the priorities of the current administration, to focus on the department’s vital commodity of workforce, the budget request that made it to the legislature did not include an appropriation for prevention services. The department is now focusing on partnership with Medicaid and available FFTA funds to support prevention services in the most efficient and effective manner. Additionally, KSTEP expanded service provision to the entire Northeastern Service Region on June 1, resulting in an additional seven counties having access to this in-home service for families. KSTEP will also be expanded into four counties in a second region, Salt River Trail Service Region, in partnership with DBHID. More information on KSTEP can be found in Attachment 11. Service Array Index.

A consistent, statewide CQI process will be utilized to monitor fidelity to the interventions and achievement of intended outcomes by the well-supported EBPs. CQI processes may also measure additional performance outcomes to the extent possible, such as families’ experiences and/or satisfaction with the programs or treatment models included in the candidates’ child-specific prevention plan.
Intervention fidelity will be monitored at several levels to determine outcomes achieved: 1. provider-level adherence to intervention model purveyor fidelity activities; 2. case reviews administered by program staff to ensure intervention specific fidelity; and 3. state level interagency collaboration to refine and improve processes.

Executing all necessary protocols to monitor and promote fidelity, and collaborating with the department for well-supported interventions, in the implementation of case reviews, quarterly meetings, and focus group participation, will be added to provider contracts during this SFY or, at the latest, SFY 2021.

Data collected through model specific databases such as TWIST and the in-home provider database, case reviews, and focus groups will be used to determine intervention-specific outcomes by region and provider, as well as statewide aggregate findings on key outcomes, such as rates of entry foster care and sustained reunification.

The use of quantitative and qualitative fidelity monitoring tools, (i.e., case review tool, interviews, surveys, and focus groups) will assist to determine the extent to which delivery of EBPs adhere to established program models and achieve desired outcomes. This would include collecting and aggregating agency-level data on:

- Staffing, training, and supervision;
- Appropriateness of client;
- Activities of the service, i.e., type, dosage, adherence to delivery requirements, assessments, etc.;
- Implementation of a CQI process that includes using information from fidelity monitoring to identify, implement, and monitor performance improvement strategies;
- Encouraging provider agencies to conduct their own internal CQI activities to monitor progress on EBP fidelity and other key performance indicators; and
- Convening quarterly regional meetings with internal and external stakeholders to discuss progress and to plan and monitor improvement strategies.

The department intends to collaborate with KYA to hold regional forums again in the fall of 2020. This will provide the opportunity to meet with stakeholders again to provide updates of prevention expansion, and FFPSA implementation, along with an opportunity to present and discuss remaining gaps in services and solicit suggestions for solutions.

It is anticipated that training and technical assistance will be needed for providers and department staff including additional evidence-based training to increase understanding of the EBPs to assist staff in selecting appropriate EBPs for families. The trainings will also increase competency in work with families. The department intends to increase capacity through FFTA funds to increase Homebuilder teams statewide from 10 teams to 16 teams. In addition, training for additional EBPs will be procured as the Title IV-E Clearing House approves EBPs.

There will be continued need for technical assistance from Public Consulting Group (PCG) and Chapin Hall as EBPs are implemented and integrated into the overall CQI and evaluation process to monitor continued progress. In addition, PCG and Chapin Hall’s partnership and guidance will increase investment in prevention services, improve timeliness to appropriate permanency, and decrease foster care expenditures and staff caseloads.

Kentucky’s development of processes and systems for CQI strategy for well-supported interventions largely compliments the revitalization of the department wide CQI process, with similar opportunities for regional meetings, stakeholder engagement, and a feedback loop that integrates fidelity monitoring from data collected using individual EBP fidelity case review tools). Chapin Hall is working closely to align and integrate components that include an overall approach to the statewide CQI, FFPSA CQI, and FFPSA evaluation processes.
Implement an alternative response process statewide by 2024.
Though Kentucky developed a Centralized Intake Branch within DSR in October 2018, concerns around screening of reported abuse and neglect exist within the service regions. Anecdotally, it appears that the current variation in screening decisions, as well as community/stakeholder expectations of the department’s role, significantly affects the department’s overall safety practice and workforce.

One of the tasks achieved under this objective was leadership attendance at conferences to learn more about alternative response. Leadership attended the Evaluation Summit in October 2019 and the Innovations in Family Engagement Conference in San Diego, CA in November 2019. Both of these conferences held specialized information sessions regarding family engagement, alternative response, and community response.

Kentucky is currently receiving technical assistance from the Center in regards to the development of an alternative response system, to include collaborating with John Fluke to conduct a screening threshold analysis. By engaging in a screening threshold analysis, Kentucky will determine if and where there are variations in the application of the department’s practice standards; uncover any potential gaps in policy and move to address them; understand internal and external factors that impact the department’s screening practice; and better understand the root cause of Kentucky’s consistently high screening rates. The screening threshold analysis is currently underway. The first meeting to introduce the threshold analysis was held September 19, 2019. As of May 2020, an initial analysis has been conducted and presented to leadership for discussion and is currently under review. As this is only a preliminary analysis, findings are pending and not available for dissemination.

With full implementation of an alternative response statewide, the department anticipates a decrease in the number of past due investigations/assessments. Currently, the finalization of assessments for low-risk families tends to become low priority for frontline staff who are working to manage more high-risk cases. With an alternative response, resources can be shifted to ensure that these assessments are managed timely and with increased service provision.

| Table 5 |
|---|---|
| Last Week of 2018 | Last Week of 2019 |
| 7,947 | 9,112 |

DSR Past Due Report

Expand Parent Engagement Meetings (PEMs) to one additional county, evaluate program outcomes, and identify additional funding opportunities for further expansion by 2024.
Kentucky successfully executed a contract with the Green River Area Development District to implement Parent Engagement Meetings (PEMs) in Daviess County, a rural area, in March 2019. After implementation in Daviess County, 17 families were served through the end of the 2019 school year. There were delays with implementation, initially, due to additional work required for partnership between providers and the local DCBS office. The expansion in Daviess County led to an increase in 4% of families served through PEMs. Due to the COVID-19 pandemic and uncertainty of the Kentucky school districts plans to reopen for the upcoming school year, it is unknown how the PEMs will be affected and/or increase in this upcoming school year. Once a firm plan is in place for the Daviess County school district, PEM staff will collaborate with the school district to develop plans on proceeding forward with PEM meetings, referral processes, etc.

For March-May 2019 in Daviess County:
- 17 meetings were held
- 24 children were served
- 100% of families served were diverted for child welfare intervention

2020 APSR Submission Commonwealth of Kentucky
PEMs continue to show favorable outcomes in the original implementation site, Jefferson County (urban area). For the 2016–2017 school year, 248 meetings were held that served 371 children. Of those children, 75.4% were diverted from DCBS intervention. The numbers increased for the 2017–2018 school year, with 344 meetings held that served 498 children. The 2017-2018 school year saw a 10% increase in families diverted from child welfare intervention (86%). There was a decrease of 6% families diverted from child welfare intervention in the 2018-2019 school year. However, there were more meetings and children served with 411 meetings held serving 562 children. Overall, since 2016, the program has averaged an 85.35% diversion rate from child welfare intervention.

Table 6 summarizes the school year, based outcomes, per school district.

<table>
<thead>
<tr>
<th></th>
<th>Total Meetings Held</th>
<th>Children Served</th>
<th>% of Families Diverted from Child Welfare Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jefferson 2016-2017</td>
<td>248</td>
<td>371</td>
<td>75.40%</td>
</tr>
<tr>
<td>Jefferson 2017-2018</td>
<td>344</td>
<td>498</td>
<td>86%</td>
</tr>
<tr>
<td>Jefferson 2018-2019</td>
<td>411</td>
<td>562</td>
<td>80%</td>
</tr>
<tr>
<td>Daviess March-May 2019</td>
<td>17</td>
<td>24</td>
<td>100%</td>
</tr>
</tbody>
</table>

A contract, funded with CBCAP monies, was initiated in January 2020 with Kentucky River Foothills to implement PEMs in two additional counties-Madison and Estill. The region completed training and planning in January and February 2020 and it was anticipated that PEMs would begin in March 2020. However, implementation was unable to occur due to the COVID-19 pandemic and subsequent closure of schools throughout Kentucky. Instead, Kentucky River Foothills provided supports to the schools and children by delivering meals and items to the families in need. In addition, they have called previous clients of Community Collaboration for Children (CCC) to assess needs and provide assistance, when needed. The plan for the upcoming year is to develop and implement a new referral process, if needed. However, that cannot occur until school staff have returned and school districts have decided on their method(s) of instruction during the COVID-19 pandemic. As soon as schools announce firm plans for instruction, PEM sites will begin working with each school district involved and a referral process for each site will begin. It is possible that some PEM meetings can be virtual; however, there are many factors to be considered, including availability of adequate technology for families. During the last school year, the original referral process was not effective from March until the end of the school year. Due to the rapid changes from in-person to virtual instruction, schools were unable to make alternate plans for all contingencies in such a short time. Instead, the PEM contracted service providers delivered food, supplies, and assisted families with the NTI process. This is something PEMs plan to continue during the pandemic. In these difficult times, all options for meeting the needs of families are going to be considered to reduce educational neglect in any way possible.

Program supports needed for successful implementation include collaboration between the department, the local school systems, and PEM vendors. Experienced PEM staff provide training to new regions as needed. New PEM staff are required to job shadow for two weeks. In addition, they are trained on data collection and reporting. Part of the training includes bi-monthly meetings with all PEM staff across the state. Technical assistance is provided by CCC specialists through phone consultations and virtual meetings in regards to navigating the PEM process. Region new to PEMs will work on engaging other school systems within their regions to reach their capacity goals. Beyond FFY 2020, there is currently no ability to expand further in the state without an additional funding source.

Program staff attend the CFSP stakeholder CQI meeting and regional meetings and present on PEMs when requested. Local PEM staff provide updates at their regional network meetings, which include community partners and parents.

2020 APSR Submission

Commonwealth of Kentucky
Kinship Care Navigator Funding
Kentucky utilizes funds from the Children’s Bureau for multiple kinship navigator programs. Funds are used for contractual services through two university-based partners, EKU’s University Training Consortium (UTC) and UK’s Training Resource Center (TRC), and Conduent. Targeting relative and fictive kin caregivers, the university partners will implement a communications strategy and a support network comprised of paraprofessionals and peer kinship caregivers. The department secured call services through Conduent in effort to address the mass volume of calls into the states Kinship Support Hotline, an information and referral resource established by the department in 2015. The hotline received a significantly increased call volume resulting from the D.O. v. Glisson ruling.

During FY 2018 and 2019, the state used Kinship Navigator funding to establish a relative and fictive kin service array. With the creation of the service array, the department was able to offer caregivers options regarding legal permanency and benefits. As a part of the service array, a new foster care approval type was developed. The child-specific approval type allows families who would not have been approved due to non-safety related issues, to be approved as a child specific foster home. The child specific foster home type implemented certain training and non-safety waivers regarding approval requirements.

Training was developed for staff around the new relative and fictive kin service array and child specific foster home type to ensure effective communication of the changes to frontline staff. Kinship Navigator training was delivered statewide during the spring and summer of 2019. This training had both an online and face-to-face component. All staff received the training and make-up sessions were held to accommodate new staff and staff that missed the initial training. The training academy for new staff has been modified to include the components of the relative and fictive kin service array.

A resource tool kit, including a program brochure, worksheets, and a caregiver video to assist families with resources and making informed decisions, was developed to aide frontline staff in effectively presenting the relative service array and resources to relative and fictive kin families. Included in these resources are links to the Kentucky Foster Adoptive Caregiver Exchange System (KY FACES) website and the Kinship Support Hotline. The KY FACES website was originally designed a hub for foster parents and contained a portal for those families to gather information and resources. In 2019, the Kinship Navigator portal was added to this website. The Kinship Navigator portal provides basic information to all caregivers and provides links and contact information for programs beneficial to caregivers.

Some of the programs offering support to Kinship Care families include K-TAP (Kentucky Transitional Assistance Program), only available to relative caregivers as a means of additional financial support; SNAP (Supplemental Nutrition Assistance Program), based upon income requirements; and KCHIP (Kentucky’s Children Health Insurance Program). Families can access these services by contacting their local Family Support office, or they can call the Kinship Hotline, where they can be assisted with applying for assistance. Families often have difficulty applying for SSI (Supplemental Security Income); therefore, contact information for the Children’s Law Firm is provided to families as a resource to assist families with SSI application. Access to this service is dependent upon Children’s Law current caseload.

Kinship caregivers working with the department are provided all the above information, and are offered a relative placement support benefit (only available to relatives), as a one-time payment option to assist with any immediate needs. Department staff can also refer kinship caregivers with school-aged children to FRYSCs (Family Resource and Youth Service Center). Located within schools, FRYSC’s provide immediate support to children in need of school supplies, clothing, and daily hygiene products. Children do not have to be directly involved with the department in order to receive assistance.

Lastly, the Kentucky Family Caregiver Program, designed to specifically support grandparents raising children, assists with finding local support groups, as well as providing yearly financial benefits as long as caregivers meet income requirements, and do not currently receive any other financial benefits. All families receiving kinship care benefits have been provided
information on how to access the Kinship Hotline. The hotline is accessible via email, as well as a phone number for those who do not have access to a computer. The phone line is staffed Monday –Friday 8:00am- 4:30pm for one on one assistance.

The cabinet recently received funds from the Children’s Bureau for increased public awareness of Kentucky’s new Kinship Navigator service array. The department, in collaboration with EKU, developed communication tools including brochures about the relative and fictive kin service array, informational posters on kinship care, and kinship care public service announcements. Advertising will occur in various locations such as local department offices, FRYSC, county health departments, AOC/court designated worker offices, county libraries, etc. Communication tools target stakeholder and provider groups, including FRSYCs, county health departments, courts, and relative and fictive kin caregiver support groups, so that relative and fictive kin caregivers are referred and assisted with the best, most appropriate resources and services. EKU is currently designing an exhibit at and supplies including a kinship care pop-up banner, table skirt, etc. for department staff to display at relevant conferences/events. The communication services provided through EKU’s UTC are assisting to increase awareness and promote utilization of available relative and fictive kin services in Kentucky, including the Kinship Navigator portal through KY FACES.

The cabinet continues to collaborate with UK in developing the Kentucky Kinship Information, Navigation, and Support (KY-KINS) program. In February 2020, Phase I of the KY-KINS program was formally launched from a Kinship Navigator award. The overarching goals of Phase I of the KY-KINS program are: 1) to connect kinship providers with a paraprofessional peer supporter to assist in addressing challenges and 2) foster the development of a vibrant, responsive support network for kinship caregivers.

A program coordinator has been hired, and two paraprofessional peer supporters are expected to be hired by June 2020. After reviewing available data, Northern Bluegrass and Salt River Trail service regions were identified as pilot regions for KY-KINS. Currently, the paraprofessional curriculum has been completed and the training is in development. A program kick-off is planned for July 2020.

Prior to April 2020, there were limited data fields that gathered the information related to relative and fictive kin placements. These placements were only captured within TWIST if the child(ren) was in the cabinet’s custody. Modifications occurred to TWIST in April 2020 that allows data collection for all relatives or fictive kin whether cabinet has custody, the caregiver has custody, or the child is placed with the caregiver through a prevention plan. In addition, TWIST will track services that are being provided to the relative or fictive kin caregiver to maintain the placement. UK is currently developing plans to build an Interactive Caregiver Resource Portal upon receipt of additional Kinship Navigator funding. This portal would be complimentary to the current KY FACES portal and will better target individual locations.

Given the multiple activities underway in Goal 2, Kentucky continues to receive implementation support and technical assistance from a variety of entities, including Chapin Hall, Casey Family Programs, and the Center. The support and technical assistance received is specific to the activity and varies greatly as described above in each activity program description. Kentucky has also reached out to the faith-based community and is receiving grassroots support, specifically in regards to the implementation of additional visitation sites.

C. Accomplishments Regarding Goal Three: Increase the timeliness to appropriate permanency for all children in OOHC.

Kentucky has seen a substantial increase in the number of children in OOHC over the past several years. In October 2014, there were 7,684 children in OOHC, which is 25% increase in roughly four and a half years. Between May 2018 and October 2018, the number of youth in OOHC increased by 604 children (May-9,287; October-9,891). Kentucky has recently experienced its highest rate of OOHC, with over 10,000 children (May 2020). With such a large increase in OOHC numbers, it is vital that those children reach appropriate permanency in a timely manner.
For Round 3 of the CFSR, the Children’s Bureau evaluates states’ effectiveness in achieving timely permanency using data indicators that focus on three groups: youth entering care, youth that have been in care 12-23 months, and youth that have been in care 24 months and greater.

Kentucky continues to remain above the national standard (31.8%) for permanency in 12 months for children in care 24 months or more at 37.82% based on the February 2020 CFSR 3 Data Profile. Kentucky also remains above the national standard (42.7%) for children entering care and achieving permanency in 12 months, as outlined below. Kentucky continues to fall below the national standard (45.9%) for permanency in 12 months for child in care 12-23 months, however, is showing steady improvement. This cohort was identified as a focus during PIP development and efforts will continue for this population within CFSP Goal 3.

<table>
<thead>
<tr>
<th>Table 7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Permanency in 12 months (entries)</strong></td>
</tr>
<tr>
<td><strong>National Standard: 42.7%↑</strong></td>
</tr>
<tr>
<td>Jan 2019 Data Profile RSP</td>
</tr>
<tr>
<td>16A16B: 46.2%</td>
</tr>
<tr>
<td>Aug 2019 Data Profile RSP</td>
</tr>
<tr>
<td>16B17A: 47.5%</td>
</tr>
<tr>
<td>Feb 2020 Data Profile RSP</td>
</tr>
<tr>
<td>17A17B: 47.2%</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Permanency in 12 months (12 - 23 mos.)</strong></td>
</tr>
<tr>
<td><strong>National Standard: 45.9%↑</strong></td>
</tr>
<tr>
<td>Jan 2019 Data Profile RSP</td>
</tr>
<tr>
<td>18A18B: 32.4%</td>
</tr>
<tr>
<td>Aug 2019 Data Profile RSP</td>
</tr>
<tr>
<td>18B19A: 34.3%</td>
</tr>
<tr>
<td>Feb 2020 Data Profile RSP</td>
</tr>
<tr>
<td>19A19B: 36.0%</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Permanency in 12 months (24+ mos.)</strong></td>
</tr>
<tr>
<td><strong>National Standard: 31.8%↑</strong></td>
</tr>
<tr>
<td>Jan 2019 Data Profile RSP</td>
</tr>
<tr>
<td>18A18B: 32.2%</td>
</tr>
<tr>
<td>Aug 2019 Data Profile RSP</td>
</tr>
<tr>
<td>18B19A: 35%</td>
</tr>
<tr>
<td>Feb 2020 Data Profile RSP</td>
</tr>
<tr>
<td>19A19B: 37.8%</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

The systemic factor of Foster and Adoptive Parent Licensing, Recruitment, and Retention was identified a strength for the state during the 2016 CFSR, as Kentucky was found to be in substantial conformity. Three of the four items in this area were rated as strengths. Item 36 (State Use of Cross-Jurisdictional Resources for Permanent Placements) is the only item within this systemic factor that was identified as an area needing improvement. A concern noted during the CFSR was that Kentucky is not completing home study requests received from other states timely, which delays the facilitation of permanent placement of children in Kentucky. The data collected from the past two years indicates that over half of Kentucky home studies are completed within the 60-day timeframe. The extended period (through 75 days) did allow for the resolution of some additional cases; however, this only affected a small portion of the total number of cases. The majority of “late” cases were still overdue after the 75-day extension had expired. Kentucky does not track specific reasons for extension requests; however, anecdotal reporting indicates that staffing shortages and inability to make contact with the home study subject are prominent reasons for home study delays. When cases are overdue, Kentucky’s ICPC administrator maintains contact with the local field personnel, requests status updates, and monitors the assignment until completed by field personnel. Data for 2019 was gathered from two systems, the previous ICPC database, and the new National Electronic Interstate Compact Enterprise (NEICE) system. This data may include errors, as reports and data requests for the new system are still being developed and improved. Updates on the use of cross-jurisdictional resources for placement and data related to the completion of home studies for other states can be found in Section II.F of the APSR. The state received strength ratings for Item 33 (Standards Applied Equally), Item 34 (Requirements for Criminal Background Checks), and Item 35 (Diligent Recruitment of Foster and Adoptive Families) during the CFSR. Additional information on the state’s efforts around diligent recruitment can be found within this section and in Kentucky’s 2020-2024 Foster and Adoptive Parent Diligent Recruitment plan.
In 2015 and 2019, the department amended both department and private agency regulations in order to align the foster and adoptive home standards. In addition, in 2019 the regulations were aligned to also reflect the Model Foster Home Standards released in 2019. In order to ensure that standards are applied equally, the department has a variety of processes in place. The department employs two full-time private agency liaisons. These individuals work closely with the private agencies to ensure and monitor quality and advise agencies of new policies and procedures. These staff often make visits to agencies to review records.

Both the department and private agencies have regulations that ensure federally required background checks are performed at initial foster home approval and yearly thereafter. The Office of Inspector General (OIG) ensures private agency compliance with background checks. TWIST tracks the compliance of background checks and provides reminders to staff. In order to address any safety issues identified through background checks, Kentucky Administrative Regulation (KAR) requires both the department and private agencies to complete foster home reviews. These reviews identify safety issues that may exist in the foster home and require a plan of action to be developed.

CFSP Goal 3 will further enhance the work occurring within the PIP around the permanency review process in collaboration with AOC and the Office of Legal Services (OLS), placement stability process, and case reviews as mandated by HB 1. A focus on screening and assessment and permanency for children under the age of five and older youth will assist the department in making significant improvements in the overall timeliness to appropriate permanency statewide.

By 2024, ensure that 95% of children entering care receive a behavioral health screener and that 75% of those that screen in for assessment receive a comprehensive behavioral health assessment.

Post Project SAFESPACE, full integration of the screening and assessment process is anticipated to improve placement stability, and decrease the length of time children remain in OOH. Based on the February 2020 CFSR 3 data profile (Table 8), Kentucky’s rate of placement stability (4.29) is statistically better than national performance (4.44).

<table>
<thead>
<tr>
<th>Placement stability (moves/1,000 days in care) National Standard: 4.44↓</th>
<th>January 2019 Data Profile RSP</th>
<th>August 2019 Data Profile RSP</th>
<th>February 2020 Data Profile RSP</th>
</tr>
</thead>
<tbody>
<tr>
<td>18A18B: 4.44%</td>
<td>18B19A: 4.12%</td>
<td>19A19B: 4.29%</td>
<td></td>
</tr>
</tbody>
</table>

Department data in Table 9 shows that in January 2019, 41.8% of children in care for at least 24 months had two or fewer placements. Kentucky is showing an upward trend in this area with 43.8% January 2020. PIP monitoring data for CFSR Item 4, stability of foster care placement, in Table 10 shows a decrease since the baseline period and is roughly ten percentage points away from achieving the PIP goal. With increased compliance in screening and assessment, Kentucky expects to see a greater increase in placement stability and decrease in the length of time in OOH. Additionally, evaluation has shown that screening and assessment have increased frontline staff support of EBPs and enhanced perceptions of collaboration with behavioral health providers.

<table>
<thead>
<tr>
<th>January 2019</th>
<th>January 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>41.8%</td>
<td>43.8%</td>
</tr>
</tbody>
</table>
Standardized screening and assessment includes a process for early identification of child trauma and behavioral health needs. DCBS frontline staff administer a compilation of screeners based on the child’s age upon entry into OOHC, (e.g., Child PTSD Symptom Scale, CRAFFT, Strengths and Difficulties Questionnaire, Upsetting Events Survey, and Young Child PTSD Checklist). Screeners are to be administered within the first 10 days of entry for all children entering OOHC. For children seven years and older, the screener should primarily be informed by the child, whereby, information is solicited in a face-to-face interview. Screening is completed in TWIST, where scores are tabulated and both detailed and summary reports are generated. While screening is required for children entering OOHC, it may be completed for any child served by DCBS.

Children identified as needing a standardized clinical assessment and who are served by a CMHC, independent provider, or a PCC/PCP should receive a provider completed Child and Adolescent Needs and Strengths (CANS) assessment. Kentucky is currently using both the younger and older child versions of the CANS, (i.e., ages 0-4 and 5-17 years). The Kentucky CANS assesses six domains with 69 items for younger children and six domains with 79 items for children ages five and older. Providers have 30 days to complete the initial CANS and then update the CANS every 90 days thereafter. Providers complete the CANS in the KIDNet system, which is supported by Advanced Metrics Systems (AMS) and interfaces with TWIST. This interface allows for efficient information sharing and aggregate data matching, which aligns child needs and treatment with child welfare outcomes. Frontline staff are trained to use CANS results to better understand clinically identified treatment needs and monitor progress. During the grant period, 100 case reviews were completed for quality assurance, as well as regular clinical consultation/file reviews at agencies as a part of the data analysis. Since the grant has ended, the department is no longer contracting with UL for data analysis. As such, case reviews to assess for quality have not been completed on a regular basis. However, case reviews are completed on an as needed basis but there is no current process for large-scale case reviews to monitor for quality. The case reviews in the past looked at fidelity to the tool for screeners and assessments. Internal discussions are occurring in an effort to develop and implement a CQI process for screening and assessment.

Screener and CANS assessment compliance rates for 2019 were analyzed for each region. Table 11 below describes the number of children in OOHC, the number of children screened, and the number of children who should have received a CANS assessment based on screener results for 2019.

It is the department’s goal that by 2024, 95% of children entering OOHC will receive a screener and that 75% of those that screen in for assessment will receive a comprehensive behavioral health assessment. As outlined in Table 11 below, 94.83% of children entering care in 2019 received a screener, which is an increase from the CFSP baseline (90%) and higher than the target for this submission (91%). Of the 61.59% of children who screened in for an assessment, 47.34% received an assessment. This is a slight decrease from 2018 (47.61%) and below the target for this submission (48.41%). More than 76% of children placed in PCC/PCPs received a CANS assessment. Conversely, more than 80% of children placed in department foster homes, relative placements, or with fictive kin did not receive a CANS assessment. There are many barriers to CANS completion, including untimely referrals, caregivers choosing non-CANS trained providers, and the age of the child (young children not being served by agencies). This continues to be a focus for the department and the contracted clinical consultant.
The department implemented **SOP 4.26.3 Standardized Screening and Assessment for Children in Out of Home Care** in January 2020. This SOP details the procedures for screening and assessment for staff in an effort to assist with fully integrating screening and assessment into practice.

The division continues to collaborate with the DCBS Training Branch to embed screening and assessment within the department’s training curriculum. Frontline staff need continuing education in regards to incorporating recommendations for evidence-based treatment into case planning. In addition, the department is developing training videos outlining the steps for screening and assessment, to include engagement throughout the process. **In order to maintain integrity of the tool and ensure quality assessments, the department has strategies in place for both the private provider community as well as department staff.**

Private providers serve many of Kentucky’s children in OOHC. The clinical consultant is training these providers on the CANS so they can also provide assessments for children in OOHC in an effort to increase CANS compliance and ensure all children who have screened in receive the assessment. The department is currently in the process of developing a learning collaborative in partnership with The Praed Foundation. The plan is to utilize the Collaborative Helping Quality Inventory (CHQ-In) survey to better understand the additional training needs of providers and then host monthly webinars to address topics ranging from using the CANS in treatment planning to supervision with the CANS. The department continues to host additional training sessions through the System of Care Academy to re-engage clinicians and build their skills in using the CANS. The department offers booster trainings to agencies who feel they need additional support with the use of the CANS. The CANS assessment report has been revamped to include more historical information and all items on the CANS. Additionally, the department has worked with The Praed Foundation to develop Kentucky CANS 2.0. When this update rolls out, it will be an opportunity to offer more training and guidance to providers.

Dedicated staff within the division’s Clinical Services Branch will continue to provide technical assistance to frontline staff in regards to screening and assessment. This assistance is in the form of case reviews as needed and/or requested for

---

**Table 11**

<table>
<thead>
<tr>
<th>Month</th>
<th>Screening Compliance</th>
<th>% Screened in for CANS</th>
<th>CANS compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2019</td>
<td>92.70%</td>
<td>60.54%</td>
<td>40.65%</td>
</tr>
<tr>
<td>February 2019</td>
<td>91.82%</td>
<td>60.55%</td>
<td>43.08%</td>
</tr>
<tr>
<td>March 2019</td>
<td>94.73%</td>
<td>61.09%</td>
<td>45.76%</td>
</tr>
<tr>
<td>April 2019</td>
<td>96.39%</td>
<td>60.74%</td>
<td>46.92%</td>
</tr>
<tr>
<td>May 2019</td>
<td>96.61%</td>
<td>60.17%</td>
<td>48.04%</td>
</tr>
<tr>
<td>June 2019</td>
<td>95.65%</td>
<td>60.57%</td>
<td>48.07%</td>
</tr>
<tr>
<td>July 2019</td>
<td>95.92%</td>
<td>60.71%</td>
<td>49.32%</td>
</tr>
<tr>
<td>August 2019</td>
<td>96.41%</td>
<td>61.83%</td>
<td>50.37%</td>
</tr>
<tr>
<td>September 2019</td>
<td>94.70%</td>
<td>63.29%</td>
<td>47.98%</td>
</tr>
<tr>
<td>October 2019</td>
<td>94.75%</td>
<td>61.48%</td>
<td>49.53%</td>
</tr>
<tr>
<td>November 2019</td>
<td>94.80%</td>
<td>65.80%</td>
<td>48.70%</td>
</tr>
<tr>
<td>December 2019</td>
<td>93.50%</td>
<td>62.30%</td>
<td>49.60%</td>
</tr>
<tr>
<td>2019 Averages</td>
<td>94.83%</td>
<td>61.59%</td>
<td>47.34%</td>
</tr>
</tbody>
</table>
The department receives technical assistance from AMS for data collection and interfacing. The department also receives support from UofL in the form of training and clinical consultation and from the creators of the CANS assessment, the Praed Foundation and John Lyons. The Clinical Services Branch staff have completed training with the service region clinical associate (SRCAs) to increase their understanding of the CANS assessment and use in treatment planning. SRCAs continue to offer clinical consultation as needed for regions who are struggling with use or interpretation of the CANS assessments. The Clinical Services Branch staff are also working on a series of training videos that will be available to department staff to increase their understanding of the CANS assessment reports.

**Decrease the number of children five and under that have been in care for 12-23 months who do not achieve permanency within 12 months by 2024.**

The department has implemented bi-monthly regional calls to address permanency data, barriers, and trends. These calls are occurring in every region statewide. The permanency calls guide the regions in implementing strategies for improving permanency outcomes. Data is used to identify regionally specific barriers that are delaying permanency for children in OOHC and solutions to overcome those barriers. TWIST management reports are utilized during the calls by regional and division staff and include detailed listings of permanency goals and length of time in care. The permanency calls are comprised of program staff from the Adoptions and OOHC branches, including the branch managers and specialists; regional staff including SRCAs, regional specialists, CQI specialists, OLS representatives; and local staff including recruitment and certification (R&C) supervisors, child focused recruitment supervisors, and frontline staff, as well as the DSR assistant director.

Prior to each permanency call, program staff gather current data for each region in order to assist with answering the below:

- The number of children who have been in OOHC for 12 months or longer with a permanency goal of return to parent;
- The number of children with a goal of adoption and the DSS-161 Request for Involuntary TPR (documentation required to be submitted to OLS prior to the filing of an involuntary TPR) has not been completed;
- The number of DSS-161 Request for Involuntary TPR’s completed and the termination of parental rights (TPR) petition has not been filed;
- The number of children who have a TPR and the presentation summary packet (detailed child history) has not been completed;
- The number of children with a TPR, a completed presentation summary packet, are going to be adopted by their foster parents, and the Adoption Placement Agreement (APA) has not been signed;
- The number of TPR appeals filed;
- Progress made by the region to increase the timeliness of permanency for children in OOHC, including new practices or protocols that have been developed;
- Current barriers in each region resulting in permanency delays;
- Local, regional, and/or division strategies or modifications in policy or practice that can assist the region in overcoming the identified barriers to permanency for the children in their region;
- The court system or other community partners who have been involved in this process and if the region has shared permanency data; and
- TWIST data entry concerns and questions from the regions.

A template comprised with points above serves as the discussion guide during the calls. Program staff work with regional staff and CQI specialists, as needed, to discuss the data methodology to ensure consistency across the service regions.

For the months without calls, the regions submit their permanency templates to the Adoptions Branch for evaluation. This process ensures that regions are continuing to evaluate their practices, barriers, and strategies on an ongoing basis. At the conclusion of each meeting, the date and time for the next permanency call is scheduled. Program staff follow up with OLS regarding any issues or needs identified during the calls. While AOC does not participate in the bi-monthly calls, there is
AOC representation in the PIP permanency workgroup. During these meetings, updates are provided regarding the calls to include barriers and successes identified. The Adoption Branch manager also contacts AOC workgroup members to discuss concerns when identified and specific to one jurisdiction.

The department communicated, via letter, with the courts to explain the permanency call process. Along with the statewide explanation letter, each region submitted their own specific court related communication plan in July 2019. Some jurisdictions already have regularly established meetings between DCBS and the courts; however, some regions needed assistance with implementing these meetings. The focus of the meetings is to utilize regional level data to focus on trends. The department has provided guidance to requesting regions on how to explain to the judges that permanency teams may affect the data. Regions that did not have established meetings with their court jurisdictions requested assistance in regards to building relationships with their local courts and how to facilitate a feedback loop with the court system in their areas.

The department’s goal is to have these meetings implemented statewide during calendar year 2020. Additional aggregate permanency-related data is shared with AOC and OLS. Prior to sharing this data with AOC and OLS, CQI specialists received training on the data indicators, as well as protocol for distribution.

The PIP permanency workgroup continues to meet on a quarterly basis with AOC in attendance. However, meetings have occurred more frequently, as necessary, to address tasks. There were some initial delays in maintaining the consistency of these meetings in the beginning phases of the COVID-19 pandemic, however, the meetings have since resumed virtually. AOC was involved in the development of the PIP permanency goals and strategies, including the communication plan. Discussions surrounding permanency and the permanency calls take place during these meetings.

The department continues to utilize the permanency round table (PRT) process to identify barriers to permanency for children who have been in care for 15 out of the last 22 months, regardless of permanency goal, without significant movement toward permanency, and problem solve for solutions to permanency. The overall goal is to develop a permanency action plan for each child/youth that will expedite legal permanency; stimulate thinking and learning about pathways to permanency for these and other children; and to identify and address barriers to expedited permanency through professional development, policy change, resource development, and the engagement of system partners. Although PRTs do not solely focus on children age five and under, this age group is served through PRTs. Clinical consultants from within the department, DBHDID, and UK’s Child and Adolescent Trauma Treatment and Training Institute (CATTITI) have joined PRTs and are great resources in assisting frontline staff with ensuring behavioral health services are provided and requested for the identified children. Staff are able to take the information learned during each PRT and apply the concepts with other families and children. In 2019, the department conducted 98 PRTs, with 152 children. Quarterly follow-ups continue on the remaining active PRT cases since implementation in 2009.

Table 12 outlines the permanency outcomes for children who were a part of the PRT process in 2019.

<table>
<thead>
<tr>
<th>Permanency Achieved by Region</th>
<th>Return to Parent</th>
<th>Adoption</th>
<th>Fictive Kin</th>
<th>Extended Commitment</th>
<th>Guardianship</th>
<th>Transitioned Out</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumberland</td>
<td>8</td>
<td>14</td>
<td>3</td>
<td>6</td>
<td>1</td>
<td>8</td>
<td>40</td>
</tr>
<tr>
<td>Eastern Mountain</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Jefferson</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Lakes</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Northern Bluegrass</td>
<td>1</td>
<td>36</td>
<td>1</td>
<td>6</td>
<td>0</td>
<td>1</td>
<td>45</td>
</tr>
<tr>
<td>Northeastern</td>
<td>1</td>
<td>16</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>19</td>
</tr>
</tbody>
</table>
Services for Children Under the Age of Five (section 422(b)(18) of the Act)
In addition to the activities listed throughout CFSP Goal 3 to address the permanency and developmental needs of children under the age of five, DPH provides Early Periodic Screening, Diagnosis, and Treatment Services (EPSDT) screening through local health departments. EPSDT is a federally mandated Medicaid program for children. In Kentucky, it is divided into two components: EPSDT screenings (routine physicals or well-child checkups) and EPSDT special services (preventive, diagnostic or treatment, or rehabilitative services). Children who are eligible for Medicaid are also eligible for EPSDT services from their local health department.

First Steps is a statewide early intervention system that provides services to children with developmental disabilities from birth to age three and their families. First Steps is Kentucky's implementation of the federal infant-toddler program. First Steps offers comprehensive services through a variety of community agencies and service disciplines. First Steps is administered by DPH. Typically, children who participate in early intervention experience significant improvement in development and learning. Children with developmental delays or conditions likely to cause delays benefit greatly from First Step services during critical developmental years. Services and support also benefit families by reducing stress. Child eligibility for the program is determined two ways: 1) By developmental delay: A child may be eligible for services if an evaluation shows that a child is not developing typically in at least one of the following skill areas: communication, cognition, physical, social, and emotional or self-help; or 2) By established risk concern: A child may be eligible if he or she receives a diagnosis of physical or mental condition with high probability of resulting developmental delay, such as Down’s Syndrome. Services may be provided in the home, at childcare centers, or childcare homes. Services may also be provided in community settings such as libraries, grocery stores, or parks.

There are various other services provided to all children throughout the state that target many age groups that are inclusive of children age five and under. Additional information regarding the services listed above, including screening and assessment, and other services is available in the attached Service Array Index (Attachment 11).

By 2024, decrease the number of youth exiting care at age 18 or older without having achieved permanency.
As of March 2020, statewide, there were 434 children age 16 in OOHC for 12 months or longer. In March 2019, 355 children age 16 were in OOHC for 12 months or longer. Table 13 below outlines the totals for each region. CQI specialists have begun tracking this information in an effort to identify and trends and assist regions in action planning around barriers.

Table 13

<table>
<thead>
<tr>
<th>Region</th>
<th>March 2019</th>
<th>March 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern Bluegrass</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Salt River Trail</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>Two Rivers</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Statewide</td>
<td>17</td>
<td>97</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Region</th>
<th>March 2019</th>
<th>March 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Mountain</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td>Jefferson</td>
<td>47</td>
<td>64</td>
</tr>
<tr>
<td>Northeastern</td>
<td>32</td>
<td>28</td>
</tr>
<tr>
<td>Northern Bluegrass</td>
<td>37</td>
<td>65</td>
</tr>
<tr>
<td>Salt River Trail</td>
<td>43</td>
<td>60</td>
</tr>
<tr>
<td>Southern Bluegrass</td>
<td>61</td>
<td>72</td>
</tr>
<tr>
<td>Cumberland</td>
<td>55</td>
<td>49</td>
</tr>
<tr>
<td>The Lakes</td>
<td>23</td>
<td>35</td>
</tr>
<tr>
<td>Two Rivers</td>
<td>42</td>
<td>45</td>
</tr>
</tbody>
</table>

2020 APSR Submission
Commonwealth of Kentucky
The department has seen an increase in youth exiting care at 18 without achieving permanency with 644 youth exiting in 2019 compared to the 612 youth who exited in 2018. This is higher than the department’s goal for 2019, which was set at 604 youth.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Youth Exiting Care at Age 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>612</td>
</tr>
<tr>
<td>2019</td>
<td>644</td>
</tr>
</tbody>
</table>

Source: TWS-M050

Many activities have been implemented in an effort to obtain youth voice in decision-making. Salt River Trail, Northeastern, and Northern Bluegrass service regions have implemented youth engagement CQI meetings quarterly and work very closely with the independent living specialists and VOC staff to coordinate these. The remaining regions are in the process of creating youth CQI meetings, however, have experienced delays due to the COVID-19 pandemic. Delays have occurred for many reasons, such as the technology needs of the youth involved, as well as attempting to determine opportune times for all of the youth during the pandemic. As staff and the general population have become more acclimated to virtual meetings and remote work, many activities that were initially delayed have begun to move forward again. CQI specialists help facilitate these meetings by identifying local and regional issues for program improvement that directly affect youth in OOH. These topics often coordinate with department initiatives, and focus on permanency and foster care issues. CQI specialists help guide open discussions with youth on issues identified as problematic and assist with developing action plans, as well as document issues identified that need regional or department level review for resolution. CQI specialists document meeting minutes; regional level issues are reviewed with regional leadership for resolution/discussion; and department level issues are forwarded to DSR for review during the statewide CQI meetings. Feedback is provided to the regions to share with the youth CQI teams. Some examples of issues that youth have discussed include placement moves, visits with siblings, school issues, and the ability to have more foster youth group activities. DSR’s Field Quality Branch has also invited youth, who have been participating in the CQI self-assessment and redesign.

Some examples of practice changes include incorporation of members of VOC in action planning within many child welfare transformation workgroups, including the diligent recruitment workgroup. VOC was invited to the diligent recruitment steering committee and a part of those efforts and conversations related specifically to targeted recruitment for older youth.

The division has asked each region to include youth in panel discussions during foster parent pre-service training. Regions have reported that when youth are present, it greatly affects future foster parents and they are more open to accepting older youth placements.

As of July 26, 2020, Kentucky has 3,216 children/youth with a goal of adoption, 1,578 are in post TPR agency cases, and 642 have no foster parent adoption planned. At the end of June 2020, the Regional Permanency Branch was serving 811 youth. Kentucky continues to collaborate with the Dave Thomas Foundation for Adoption (DTFA) for the Wendy’s Wonderful Kids (WWK) program. During the department’s reorganization in 2018, DSR developed the Permanency Services Branch, which employs staff who implement the WWK program. The department has named the program the child specific recruitment model (CFRM). CFRM specialists implement the model with the goal of identifying adoptive homes for this population of children. CFRM demands aggressive tactical work, smaller caseloads, accountability, and a focus on children for whom permanency efforts in the past have not been successful. The CFRM is evidence-based and an impact evaluation concluded that using the model substantially and significantly increased a child’s likelihood of adoption. The model contains the
following eight components, all of which are expected to be employed for each child: initial child referral; relationship-building with the child; case record review; assessment of adoption readiness; adoption preparation; network building; recruitment planning; and diligent search. CFRM is circular process where the CFRM specialist will continue to revisit/update documents.

The specialists’ search begins in familiar circles of family, friends, and neighbors of the children and then expands to the communities in which the children live. Adopting the model in Kentucky, and the mindset that every child is adoptable, has had a great impact on Kentucky’s foster care system. The program has continued to expand within the past year and now includes six supervisors and 70 specialists statewide. Kentucky uses title IV-B funds to contractually match the funds from DTFA.

Older youth and children with a behavioral need are three times more likely to be adopted if they are assigned a CFRM specialist. From July 1, 2019 – June 30, 2020, the specialists (recruiters) were a part of 205 adoptions, and there were 285 matches (meaning there is an identified adoptive home and they are moving toward adoption). Recently, the Permanency Services and Transitional Services branches have collaborated to support and serve older youth in OOHC. The independent living specialists within the Transitional Services Branch facilitate transition plans for youth at 17 and within 90 days of transitioning out of care at age 18. The independent living specialists have begun inviting the CFRM specialist, along with the youth’s DCBS worker, to the transition plan meeting.

Special Reporting Requirement: Foster and Adoptive Diligent Recruitment Plan Section 422 (b)(7) of the Act

Although diligent recruitment was not identified as an individual objective under CFSP Goal 3, recruitment of the appropriate foster and adoptive parents is crucial in achieving timely and appropriating permanency for children in OOHC. The department submitted Kentucky’s 2020-2024 Foster and Adoptive Parent Diligent Recruitment plan with the 2020-2024 CFSP. There are no updates to Kentucky’s 2020-2024 Foster and Adoptive Parent Diligent Recruitment plan for this submission.

Department staff work relentlessly to recruit homes within Kentucky to meet the needs of all children entering care. To ensure that all parts of the community are targeted, R&C staff within the service regions plan recruitment events throughout the communities, such as participating in festivals and fairs, setting up booths at conferences, distributing recruitment materials, and engaging foster parents and youth to speak to the faith-based community. Regions have developed recruitment advertisements for grocery store bags, billboards, yard signs, newspapers, etc. In addition, DCBS has a recruitment booth setup at the state fair held in August of each year. One region is collaborating with other non-profit agencies, such as Run for the Cure, and taking advantage of the large gathering of people to distribute recruitment information. Information for the KY FACES portal is included on recruitment materials. This portal allows prospective foster parents to learn about the program area, submit an inquiry, and track the progress of their home study.

The Kentucky Foster and Adoptive Parent Training Support Network (the Network) supports foster and adoptive parent recruitment throughout Kentucky. The Network consists of 16 teams of experienced foster and adoptive parents throughout the state. The Network’s primary objective is to offer training and provide confidential peer support to foster and adoptive parents. The Network has begun inviting VOC to speak at meetings in an effort to gauge the interest of foster parents considering fostering older youth. Network members support recruitment based on regional need through public speaking, responding to foster parent inquiries, distributing recruitment materials targeted to specific communities statewide, and are involved in faith-based activities. Ongoing collaboration with the Network is utilized to increase their visibility, participation, and partnership with DCBS.

Additionally, recruitment and retention is supported through regional foster and adoptive parent appreciation events and award ceremonies. These are held annually to recognize and highlight the rewards of foster and adoptive caregiving. In
November 2019, an awards ceremony was held at the Governor’s Mansion with the former Governor and First Lady in attendance, which recognized both a foster and an adoptive family of the year and respective nominees.

During 2019, Kentucky’s former Governor and First Lady continued the faith-based Open Hearts/Open Homes initiative with an emphasis on recruiting adoptive homes for children who were free for adoption. These adoptive homes were targeted for children who were available for adoption, did not have an identified adoptive family, and were in the Kentucky Adoption Profile Exchange (KAPE). KAPE, formerly known as the Special Needs Adoption Program (SNAP), began in 1979. The program was developed in response to the increasing number of children who were lingering in OOHC care without achieving permanency. There were 328 children in the KAPE program at the end of 2019.

The former First Lady also collaborated with OCA, Focus on the Family, and other community partners to launch the Uniting Kentucky recruitment initiative for foster and adoptive homes. Events were held statewide to bring information and resources together for the faith-based community.

The Department, through the child welfare transformation initiative, implemented a diligent recruitment workgroup that has subcommittees around retention and targeted recruitment, as well as a steering committee. This group developed a statewide diligent recruitment template that was implemented in December 2018, after feedback from R&C staff, to ensure a unified statewide diligent recruitment plan. The regional plans are updated twice per year. Enhanced data utilization has allowed the regions to develop more detailed and specific recruitment plans. Regions discussion their diligent recruitment plans during the quarterly statewide R&C meeting to discuss strengths, barriers, and plans for overcoming barriers. The department has engaged the Network in the use of the diligent recruitment plan template, as well as the use of data to drive targeted recruitment activities.

The division has a statewide diligent recruitment specialist within the OOHC Branch who provides technical assistance and support to the regions. The diligent recruitment specialist has focused on mapping recruitment and retention needs for each county and region so efforts are data driven and focused in targeted areas. The department is also collaborating with AdoptUSKids to develop a webinar and in-person training for R&C staff and community partners on targeted recruitment and retention. The partnership will also assist the state with developing a foster parent speaker’s bureau in Kentucky. AdoptUSKids supports the development of spokespeople to assist states, tribes, and territories with foster care and adoption awareness. The foster parent speaker’s bureau allows states to promote positive stories and information on adoption and foster care and increase awareness and interest from a variety of audiences—including members of the media and potential foster and adoptive families. Kentucky has many families that are interested in speaking about their experiences in fostering; however, they do not feel comfortable doing so. AdoptUSKids will assist the department with training foster parents around strategic sharing and ongoing support. This will allow the department to utilize trained speakers for diligent recruitment, whether small events or media. The department has requested foster and adoptive parents to apply to the foster parent speaker’s bureau, and several applications have been submitted.

The diligent recruitment steering committee developed a brand, or marketing strategy, for DCBS foster homes in order to provide some consistency and structure to the regions, which launched in 2019. The department has worked in collaboration with UK for implementation. The diligent recruitment specialist has reached out to several regions to identify families that would be willing to assist in a social media campaign. Due to the COVID-19 pandemic, some portions of this project are on hold, as the original plan was to record video spots for social media that included current foster families. A graphic designer is assisting with logo development for the brand. The new anticipated deadline for launch is July 2020.

The state has no policies in place that limit its ability to recruit foster and adoptive families that reflect the diversity of children in care. There are no bans or restrictions regarding same-sex couples or any lesbian, gay, bisexual, transgender, and questioning (LGBTQ) individuals becoming resource parents. As of 2015, Kentucky recognizes same-sex marriage. As a
result of a court ruling, both parents in same-sex couples are permitted to enter into an adoption petition. Prior to the ruling, Kentucky law only allowed one parent of a same-sex couple to adopt a child.

The department reports demographic data on the characteristics of children placed in OOHC and data on the characteristics of department and private foster homes within the state on the state’s diligent recruitment report. The report reflects the number of children in care, their age, their race, whether they are part of a sibling group, and if there are compatible foster placements available to meet their needs. Frontline staff receive the report on a monthly basis and use the data to assess available resources in the community to meet the needs of children who are placed in OOHC.

**Figure 1**

**Diligent Recruitment Report: Statewide - 01/05/2020**

<table>
<thead>
<tr>
<th>Child Characteristics</th>
<th># of children</th>
<th># of DCBS homes</th>
<th># of PCC homes</th>
<th>% of Need Met**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Children in OOHC</td>
<td>9746</td>
<td>2,394</td>
<td>3,146</td>
<td>113.69</td>
</tr>
<tr>
<td>Children 0 to 5</td>
<td>3,171</td>
<td>1,890</td>
<td>672*</td>
<td>161.59</td>
</tr>
<tr>
<td>Children 6 to 11</td>
<td>2,377</td>
<td>1,029</td>
<td>1,048*</td>
<td>174.76</td>
</tr>
<tr>
<td>Children 12 to 21</td>
<td>4199</td>
<td>306</td>
<td>1,643*</td>
<td><strong>92.83</strong></td>
</tr>
<tr>
<td>Children 19 +</td>
<td>306</td>
<td>15</td>
<td>49*</td>
<td><strong>41.83</strong></td>
</tr>
<tr>
<td>Children in a sibling group</td>
<td>4091</td>
<td>1,897</td>
<td>933*</td>
<td>113.4</td>
</tr>
<tr>
<td>Siblings placed together</td>
<td>3270</td>
<td>472</td>
<td>438</td>
<td><em><strong>74.99</strong></em></td>
</tr>
<tr>
<td>African American children</td>
<td>1827</td>
<td>184</td>
<td>501</td>
<td>174.19</td>
</tr>
<tr>
<td>Asian children</td>
<td>31</td>
<td>13</td>
<td>14</td>
<td>174.19</td>
</tr>
<tr>
<td>Caucasian children</td>
<td>8094</td>
<td>2,171</td>
<td>2,600</td>
<td>117.89</td>
</tr>
<tr>
<td>Native American children</td>
<td>40</td>
<td>3</td>
<td>10</td>
<td><strong>65</strong></td>
</tr>
<tr>
<td>Hispanic children</td>
<td>499</td>
<td>32</td>
<td>50</td>
<td><strong>32.87</strong></td>
</tr>
<tr>
<td>Native Hawaiian/ Pacific Island children</td>
<td>22</td>
<td>3</td>
<td>7</td>
<td><strong>90.91</strong></td>
</tr>
<tr>
<td>Number of medically complex children</td>
<td>194</td>
<td>63</td>
<td>55</td>
<td>121.65</td>
</tr>
<tr>
<td>Number of children in agency cases</td>
<td>1703</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There are 162 active DCBS homes that have never had a placement and have been approved 90 days or longer.
There are 187 active DCBS homes that have not had a placement in 1 yr.

*Characteristics of children in placement are used as a proxy for acceptance groups, e.g. [accepting ages 0-5].
**Note: Calculations based on 1 Sibling Group per home and 2 children per home. Ratio is percent of need satisfied
***Obtained by counting homes with a medical fragile child and empty homes identified as H. Foster Medically Fragile Underline in % of Need Met column highlights areas were % of need met is below 100%.
As demonstrated in Figures 1 and 2, Kentucky has experienced an increase in foster homes from 2019 to 2020. There was an increase of 399 foster homes, with an increase of 205 DCBS foster homes and 194 PCC foster homes. Overall, the percent of need met increased from the prior submission regarding foster home characteristics. The state continues to do well in the categories of homes accepting children ages 0 to 5 (161.59% of need met) and homes accepting children ages 6 to 11 (174.76% of need met). Albeit small, the department did see a 2.80% increase of need met for the 12-21 year old foster youth population. While this is small, this is one of the most challenging age groups to recruit homes for and, therefore, is as an accomplishment. There was a small increase in the net gain of foster homes that are accepting of youth age 19 and older. This demographic, foster youth ages 12-21, will remain an area of focus, as foster home capacity still does not fully meet the need of the youth in OOHC. The recruitment challenges and areas of need continue to be within familiar areas of concern, including foster homes accepting children ages 19 and above (41.83%), foster homes with African American parents (74.99%), foster homes with Native American parents (65%), foster homes with Hispanic parents (32.87%), and foster homes with Native Hawaiian/Pacific Islander parents (90.91%).
In accordance with the Multi-Ethnic Placement Act, the department’s numbers related to the placement of children with matching racial and ethnic demographics are reported in Table 15. The last column represents the actual utilization of matching resource homes. Though the percentages initially indicate less than ideal numbers for successful matching based on race/ethnicity, further consideration should be given for other child characteristics that also drive placement—such as their individual needs and proximity to parents/community.

Table 15

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th># of children</th>
<th># of resource homes with one or more FP</th>
<th># of children in foster home with one of more FP of same race/ethnicity</th>
<th>% of children in foster home with one or more FP of same race/ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaskan Native</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Asian</td>
<td>6</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Black or African American</td>
<td>584</td>
<td>581</td>
<td>580</td>
<td>559</td>
</tr>
<tr>
<td>Hispanic</td>
<td>328</td>
<td>314</td>
<td>333</td>
<td>337</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>3</td>
<td>0</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>415</td>
<td>597</td>
<td>634</td>
<td>665</td>
</tr>
<tr>
<td>White or Caucasian</td>
<td>4,066</td>
<td>4,555</td>
<td>4,545</td>
<td>4,419</td>
</tr>
</tbody>
</table>

Goal 3 has many implementation and program supports to assist in successful implementation of its many activities. Supports are in place from AMS, UofL, and the department’s training branch for assistance in increasing the number of children entering care who receive a behavioral health screener. The Clinical Services Branch has put internal supports in place in the form of a clinical consultant to provide ongoing CANS training and technical assistance for providers. The department is working collaboratively with AOC and OLS in regards to the regional permanency calls. Internal supports include DSR, DPP, and TWIST staff who are currently working on automation of adoption data. This will be beneficial to both program and regional staff as the data will be provided automatically for the permanency calls, leading to greater efficiency. This will allow for more accurate data and the discussions can focus more on trends, barriers, and successes as opposed to perceived data discrepancies. Implementation and technical assistance regarding permanency-focused goals is being received from DTFA, AdoptUSKids, and UK.
If concerns are identified during the permanency calls or if questions arise that cannot be answered, program staff contact AOC, OLS, or TWIST staff in order to provide clarification to the regions. Updates on these goals and objectives are routinely presented at the CFSP Stakeholder CQI meetings and feedback is solicited from participants. Stakeholders are also in the PIP workgroups and the Diligent Recruitment Committee. This committee includes foster parents, youth, and VOC staff. VOC youth are invited to participate on the panel for each new foster/adoptive parent pre-service group. More work is needed to engage additional youth to participate in the committee and sub-committees, as well as to participate regionally in recruitment efforts. Through a partnership with AdoptUSKids, webinars and discussions include support for engaging youth and young adults in recruitment committees and efforts. As Kentucky begins to develop a speaker’s bureau for foster care and adoption, engaging youth for participation is a priority. In addition, Kentucky’s Kids Belong targets recruitment for child specific homes for youth.

D. Accomplishments Regarding Goal Four: Implement supports to stabilize the workforce to decrease workloads.

The department has continuously struggled to improve outcomes for families largely in part due to workforce issues including turnover, vacancies, inexperienced staff, and an increased workload. As noted in the 2016 CFSP final report, workforce issues—with particular focus on recruitment and retention of employees—have significant implications on frontline staff’s ability to provide quality assessments and case management, therefore, impacts safety, permanency, and well-being outcomes for families.

Table 16 displays the number of new frontline staff (social service worker I classification) entering and exiting the department in 2018 and 2019. The percent of new staff beginning employment with the department increased in 2019 to 58.48%, while staff leaving the department decreased (39.52%). In 2018, the department essentially maintained the status quo in regards to retaining entry-level staff with almost the same percentage of entry-level staff entering and exiting the department. Calendar year 2019 data illustrates a success for the department in moving toward a more stabilized workforce. The department has focused efforts on ensuring each region has a retention committee that implements and evaluates retention activities. These committees have focused on improving morale and improving office culture through a variety of activities, such as employee recognition and appreciation events; physical and mental health resources, such as onsite exercise classes; mindfulness training; and preventive health services. During the COVID-19 pandemic, self-care topics such as mindfulness training and preventive health services webinars are being offered to staff.

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>% frontline staff entering the workforce (SSWI)</td>
<td>44.97%</td>
<td>58.48%</td>
</tr>
<tr>
<td>% frontline staff exiting the workforce (SSWI)</td>
<td>43.14%</td>
<td>39.52%</td>
</tr>
</tbody>
</table>

Implementing supports, such as those listed above, to stabilize the workforce, will not only help staff maintain lower caseloads, but will ultimately assist with providing a higher quality of services to families and children. Strategies around workforce within the PIP include the consistent use of retention committees and alternative work schedules in order to assist staff with a manageable work/life balance. The objectives around workforce stabilization within CFSP Goal 4 complement those PIP strategies by increasing the staff retention rate and ensuring that staff are not leaving the department at a higher rate than they are entering.

**Decrease the percentage of frontline staff exiting and increase the number of staff entering the workforce by 2024.**

The department, in collaboration with Collaborative Safety, implemented the system safety review (SSR) process for fatality and near fatalities in October 2019. In preparation for the implementation of the new review process, program and regional
staff began training with Collaborative Safety in March 2019. Leadership and frontline staff attended orientations and leadership trainings on the process throughout the remainder of 2019. The department’s goal in implementing the SSR was to adopt a culture within the department that looks at the child welfare system as a whole, rather than scapegoating and reacting punitively toward individual staff in an effort to assist with removing the stigma associated with working for the department.

All cases with a child fatality or near fatality in an active case or investigation will have an initial review by the system safety analyst. The case will be presented to the multi-disciplinary team (MDT) for consideration of a comprehensive analysis. The SSR team completes an initial case review, which includes a review of the circumstances of the fatal/near fatal incident, allegations and details of prior investigations, and the provision of ongoing services. The goal of the initial review is to identify features that may be recommended for a more in-depth analysis. Particular attention is given to history occurring within 24 months prior to the fatal/near fatal incident. The System Safety Review Process Manual and SOP 2.14 Investigations of Child Fatalities and Near Fatalities fully outlines the SSR process.

The department has begun reimplementing the field-training specialist (FTS) program. The FTS program utilizes highly skilled veteran staff to serve as on the job trainers/mentors for newer staff. This assists with the transfer of learning from initial (academy) training to the frontline. The FTS program not only offers an additional level of skill building for new staff, it assists experienced staff with the opportunity to build their coaching and mentoring skills that will inevitably assist with promotional opportunities in the future. The program utilizes behavioral anchors to determine where staff need assistance with skill building. Staff interested in becoming an FTS must undergo a rigorous application process to assess whether they match the criteria for the program. Selection criteria includes:

- Time on the job: It is preferred that staff have at least three years of experience as a child protective services worker.
- Adequate training record: It is preferred that staff complete all of the competency-based trainings within the previous three-year period.
- Demonstrated competency in the requirements for written work: Staff must exhibit exemplary written work in all documentation of their duties.
- Recommendation of supervisory staff: As FTSs will coach new workers, he or she must demonstrate good work with coworkers in this type of capacity. Both the immediate supervisor and next line supervisor must write a letter of recommendation for each FTS applicant.

The initial (pilot) training for FTSs is scheduled for June 2020. This training will include new FTSs identified in three regions, with a plan for additional FTS trainings in SFY 2021 that will include additional regions. Dr. Anita Barbee with UofL is developing the training, which will include instruction and practice on using the behavioral anchors to assess new employees’ performance, providing constructive feedback for performance improvement, utilizing the web-based Qualtrics system, and coaching and mentoring.

A DACUM (Developing a Curriculum) for current DCBS Protection and Permanency staff is currently being utilized to support the Protection and Permanency Training Academy for new workers. Dr. Barbee, along with her staff at UofL, have created draft behavioral anchors. DPP leadership, DCBS Training Branch curriculum developers and trainers, and university partners have reviewed the behavioral anchors. The DCBS Training Branch cross-walked the draft behavioral anchors with the DPP academy courses and identified the training sections where each of the anchors is addressed. This information is necessary for determining the timing of the FTS/new employee sessions for observation of the specific behavioral anchors.

EKU has developed a web-based program in Qualtrics that will be used to facilitate the FTS process. The system is designed to capture the FTS behavioral anchor ratings of new employees based on observations. The system will allow the ratings to be shared with the FTS, new employee, and the new employee’s supervisor. The ratings will be compiled and reported on a regular basis. Reports will be shared with DCBS leadership, DCBS Training Branch leadership, and Dr. Barbee. Reports generated through Qualtrics will be used to identify trends in the ratings of behavioral anchors. These aggregate reports of
the ratings can be used to inform decisions regarding updates/changes to training curricula, potential changes in DCBS processes, etc.

In addition to the reports generated from the Qualtrics system, the current DPP academy six-month follow-up survey conducted by UofL will be updated to reflect the new behavioral anchors. New employees will receive the survey six months after they complete the academy (and the FTS program) and will be asked to rate themselves on their level of preparedness to perform key job functions related to the behavioral anchors. The six-month follow up survey will continue to gauge new employees’ levels of key organizational climate and culture constructs shown to relate/predict retention including job satisfaction, organizational commitment, quality of supervision, secondary trauma, etc. UofL will continue to administer this survey and report results as well as examine retention of these employees.

The department is receiving implementation support from EKU for the FTS program. UofL will support ongoing analysis of the program. Once the training pilot is complete, the training branch will work closely with the CQI specialists in reviewing outcome data to assess the success of the FTS program implementation. Over time, assessing the turnover rate of new employees will be one of the factors examined during implementation of the program. Dr. Anita Barbee with UofL will continue to conduct the six month follow-up survey with all newly hired frontline staff to assess for any changes in the number/percentages of new employees leaving at (or prior to) the six-month mark and then annually. The six-month follow-up survey is currently being modified to include the new behavioral anchor indicators, as well as include scales designed to assess new employees’ job satisfaction, commitment to the organization, quality supervision, intent to leave, organizational support, etc.

EKU is working on developing a data system for the FTS to utilize that will allow recording of observations/ratings of each new employee’s performance on the behavioral anchors. The training branch and DPP leadership will discuss the results from the FTS program on a routine basis. This data will help drive improvements to training and will inform improvements to regional protocols and SOPs. The Training Branch, along with the FTS pilot region(s), will discuss and share data during the CFSP Stakeholders CQI meetings, in order to receive feedback for improvement.

E. Accomplishments Regarding Goal Five: Improve the department’s continuous quality improvement (CQI) system.

The department has maintained utilization of the CQI process as a performance, quality assurance, and improvement mechanism since 2000. Since that time, the process and supports for CQI have further developed and become institutionalized throughout the organization. CQI exists as a process for achievement of sustainable improvements in both practice and results for children, adults, and families.

Although Kentucky has a CQI system in place that includes the key components and the foundational structure necessary for efficiency, the 2016 CFSR final report identified the following concerns regarding the functioning of Kentucky’s CQI system:

- The case review process is not effectively identifying the strengths and needs of the system. The focus of case reviews is currently more compliance-driven rather than focused on assessing practice and key outcomes for children and families.
- Regional action plans are not effectively addressing areas needing improvement.
- There are concerns with the quality of key data sets used to evaluate performance.
- Relevant data is not consistently used to inform other parts of the system including training, service array, and work with the courts.

Along with guidance from the Center, a CQI self-assessment was conducted to include focus groups with department staff at all levels----frontline staff, frontline supervisors, regional staff, central office program staff, and department leadership. Youth from VOC were also involved with the assessment. The findings from the groups were rated using a tool from the Center and entered into a self-assessment summary. This summary is being finalized and upon completion the findings will
also be vetted by the workgroup members, as well as external stakeholders and Jefferson County’s race and ethnicity workgroup.

Further analysis from the self assessment of Kentucky’s CQI system revealed that:

- CQI specialists are a critical part of the CQI system. Clarity in their roles and responsibilities, along with focusing on building their capacity to support statewide CQI efforts, is needed.
- Kentucky does not have clear policies and procedures that outline CQI activities. Lack of clarity in how CQI is intended to be operationalized has led to inconsistent application and ineffective processes.
- Intentional work is needed to embed a culture of CQI into Kentucky’s child welfare system. Leadership support and clear messaging is critical to ensure that Kentucky’s system is informed by using data in a positive way to support practice improvements and ensure healthy accountability for outcomes. This culture shift will also enhance Kentucky’s workforce, as staff will be more meaningfully engaged in ongoing improvement efforts.

The department initiated a CQI redesign in 2019 in an effort to improve the CQI process throughout the department, reengage staff, and become an agency that is data informed and outcome driven. The department is receiving technical assistance from the Center through an intensive work plan that focuses on building a more robust CQI system and strives to improve, build capacity, and maintain a consistent CQI process at various levels throughout the state to ensure the monitoring and improvement of outcomes for families and children. This includes ensuring that key department leadership uses data to support effective management and supervision, which will lead to data-driven practice across the state. The overall theme of the work plan is the completion of the CQI self-assessment by the CQI planning team and CQI specialist participation in the CQI academy.

Within the PIP, the department is working toward ensuring all staff have access to relevant data, clarifying roles and expectations in the use of data in CQI activities, and implementing a consistent structure for CQI meetings and communication statewide. Supplemental information on the department’s CQI redesign can be found in Section II.I of the APSR.

CFSP Goal 5 will further those efforts described above by ensuring the inclusion of all stakeholders into the CQI process statewide, as well as formalizing CQI training statewide and ensuring consistency within all quality assurance activities.

**Increase the number and quality of CQI stakeholder meetings statewide by 5% by 2024.**

Efforts continue concerning the increase in stakeholder participants in various groups, such as the CFSP Stakeholder CQI Meeting and local/regions meetings. Dedicated staff within the division to identify and engage with stakeholders has assisted with obtaining participation in the CFSP Stakeholder CQI group. Over the past two years, participation has grown from 20-30 invitees to over 100 invitees and over 80 participants during the April 2020 virtual meeting. Attendees are diverse and represent multiple program areas that interface with the child welfare system in Kentucky. The CQI Stakeholder Meeting has grown considerably to include more frontline staff and new community partner representation throughout the state. The current invitee list includes, but is not limited to department staff, to include frontline staff and supervisors, program staff, and leadership; AOC; DMS; CASA; DFS; PCAK; DJJ; DBHDID; OCA; the Children’s Alliance; Family Resource FRSYCs; parent representatives; CJA representatives; various service providers including those receiving CBCAP funding; various partners from different universities, including the training resource consortium; Early Childhood Education; DPH; foster and adoptive parents, and the Department for Education. Current and former foster/adoptive youth are invited but are often unable to attend on a consistent basis due to transportation and time constraints. New community partner attendees include Murray State University, Orphan Care Alliance, DFS, and numerous private agency providers throughout the state.
Regional CQI groups consist of regional DCBS teams—SRAA/SRCAs, personnel liaisons, CQI specialists, and SRA. Items sent up from the frontline and FSOS meetings are reviewed for response or sent up to the central office level for further consideration, if needed. All action plans are sent to CQI specialists for vetting and submitted to the next line for review if needed and unresolved. The regional CQI meetings do not include external stakeholders; however, there are additional meetings such as regional PCC meetings, regional inter-agency councils (RIACs), which also may result in minutes and action plans. RIACs include representation from youth and parents and suggestions for improvement are relayed to the state inter-agency council (SIAC) for consideration.

Through the CQI redesign outlined above, the CQI state plan is undergoing significant modifications, to include ongoing stakeholder engagement, a framework for structured communication throughout all levels of the department, and a redesign of local CQI teams. The CQI planning team is assessing the current capacity and infrastructure of the existing CQI process and its information tracking system through a CQI self-assessment, and will be receiving technical support from Chapin Hall and the Center as the team moves forward with developing the new process. The self-assessment phase is complete and the CQI planning team, in collaboration with the Center, is drafting the results and recommendations.

As a part of the CQI redesign, a CQI application development sub-workgroup has been established to identify strengths and limitations of the current tracking system and strategize on how best to proceed with improving the tracking system. The sub-workgroup is in the initial planning phase. Once an enhanced tracking system is finalized, the department will establish a baseline number of stakeholder participants for the 2022 APSR submission in order to monitor the increase in participation throughout the remaining years of the CFSP.

**Implement a formalized CQI training process statewide by 2024.**

The DCBS Training Branch completed a DACUM with CQI Specialists in August 2019. DACUM profiles were completed and provided to the Field Quality Branch leadership for review. The results of the DACUM were provided to department leadership for input prior to finalization. In addition to the DACUM, CQI specialists are currently participating in the Center’s CQI Academy with a target completion date of July 2020. The goal of the CQI Academy is to ensure all CQI specialists receive uniform training so that the same CQI principles are shared throughout each of the regions. The division, in collaboration with EKU, will utilize DACUM findings and identified training needs to develop a CQI training academy for initial and ongoing CQI specialist training.

The department’s next steps include reviewing the professional performance plan in place for staff and developing a specific plan for CQI specialists’ needs, as well as discussing training needs and curriculum. Additionally, over the next few years, the department will develop and implement a training for staff who conduct second level case reviews. The goal of the training will be to ensure inter-rater reliability between second-level reviewers statewide, as well as better align results of the second-level and third-level case reviews.

The Center is assisting with the implementation of the CQI redesign and related tasks for Goal 5. The self-assessment was just completed and plans on how to move forward are being discussed with Center, who will continue to provide assistance to Kentucky for as long as needed for successful implementation. Feedback from the CQI academy participants is being collected for review and adjusted accordingly.

**F. Update on CFSR Child and Family Outcomes**

The following is an update to the assessment conducted within the 2020-2024 CFSP and was completed utilizing CCWIS data, CFSR results, PIP baseline data (September 2018-February 2019) collected from third-level case reviews and ongoing PIP monitoring data, Kentucky’s CFSR 3 Data profile, National Child Abuse and Neglect Data System (NCANDS) data, and second-level case review data. This assessment is intended to include additional updates and data not included within Section I.A-E of this narrative, in order to provide an update on all CFSR outcomes within the APSR.
Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect
During the CFSR (75% strength) and PIP baseline (67.8% strength), Safety Outcome 1 was not in substantial conformity. However, as noted in Section I.A of this narrative, when combining PIP measurement periods (PUR 3/18-8/18 & PUR 9/18-2/19 73.81 %) for Safety Outcome 1 (to ensure a sufficient number of cases), the department has seen a positive increase in timely initiation. Although the PIP goal has been achieved, case review scores suggest that timeliness to initiation has decreased in the eighth measurement period with Safety Outcome 1 only substantially achieved in 69.23% of applicable cases.

Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment
Kentucky has shown an increase in timely initiation of investigations since the CFSP submission. Results from the CFSR indicated that this was an area needing improvement, with only 75% of the cases applicable for review meeting the required threshold. PIP baseline data\(^1\) for Item 1 (Table 17) indicated a continued decrease in timeliness to initiation, with only 67.8% of the 90 applicable cases initiated timely. Data from the FFY 2019 NCANDS submission (Table 18) shows a continued increase in the number of hours to initiation from the prior submissions (FFY 2018: 95.9; FFY 2017: 77.5), which is likely the result of changes in the department’s SOP regarding initiation timeframes. In January 2018, the department implemented new response times based upon the safety and risk factors identified by the reporting source. For example, two reports both alleging sexual abuse may currently have different response times based upon the perpetrator’s current location and access to the victim. Prior to this change, each maltreatment type had a single response time, e.g., all reports alleging sexual abuse had a response time of one hour. Additionally, the department adopted new response times that increased the overall allotted time for initiation of reports with lower risk. Frontline staff now have 72 hours to initiate, rather than 48, for low-risk reports. This likely contributed to the increase of average response time in the FFY 2018 NCANDS submission. In addition, the responsibility of determining response times during normal business hours was transferred from frontline supervisors to centralized intake supervisors. There are several activities and objectives in Kentucky’s CFSP that will assist in improving timely initiation of investigations of reports of child maltreatment. The implementation of the new safety model combined with the implementation of an alternative response will assist to decrease worker’s hours to response. Additionally, implementation of alternate work schedules will allow for a decrease in response hours, as more staff will be available after normal business hours. It is likely to reduce the burden on staff working traditional work hours, allowing them to respond more timely.

<table>
<thead>
<tr>
<th>Item 1 (PIP Goal-73%)</th>
<th>CFSR</th>
<th>PIP Baseline (PUR 2/18-7/18)</th>
<th>PIP Measurement Period 8 (PUR 10/18-3/19)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>75%</td>
<td>67.8%</td>
<td>69.23%</td>
</tr>
</tbody>
</table>

\(^1\) The baseline period for Item 1 is different from the baseline period for other measurement items to account for statewide policy changes to the initiation timeframe for CPS reports that went into effect on 1/16/2018. The modified baseline period using a rolling monthly six-month sample period and 12-month period under review (PUR) for Item 1 will consist of case reviews conducted February 2019 – July 2019. Please see Kentucky’s PIP Measurement Plan for additional information.
Turnover of frontline staff and high caseloads may affect staff’s ability to initiate reports in a timely manner. Additionally, there is often confusion on what constitutes initiation and how to calculate timeliness (NCANDS calculation vs. various department calculations). The department continues to meet internally to determine the most appropriate initiation calculation for staff. Once the most initiation timeframe for staff is determined, leadership will communicate with staff to educate on the difference in timeframe calculations and why each is significant and necessary.

The department has begun the tasks associated with implementation of an alternative response system as outlined in CFSP Goal 2.2. Please see Section I.B for information related to this objective.

PIP efforts to address staff turnover and decrease caseloads in an effort to stabilize the workforce are continuing, to include the implementation of retention committees statewide and the implementation of alternative work schedules. Additionally, Kentucky has developed a goal and objectives within the CFSP to address staff turnover. These efforts include the creation of retention committees within each service region that develop and implement activities designed to support local staff, and boost morale. These committees are comprised of local frontline staff, office support staff, administrative staff, and supervisory staff. The committees are designed to represent the ideas and decisions of the staff majorities. The survey data from exiting employees is shared quarterly with the retention committee leads to identify trends and develop strategies to address areas of concern. Additionally, Kentucky is implementing alternative work schedules to attract workers who cannot work a traditional schedule, as well as reduce the caseload burden for those working a traditional schedule. For example, the new team in Kenton County will work a 12:00pm - 8:30pm schedule. This will reduce the on-call hours for traditional staff in the region, as the new schedule will cover a portion of the formerly designated on-call hours.

**Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate**

Overall, according to 2016 CFSR results (60% strength) and PIP baseline results (47.22% strength), Kentucky was not in substantiation conformity with Safety Outcome 2. PIP measurement data from the eighth measurement period shows that for Safety Outcome 2, Kentucky has only achieved substantial conformity in 30.56% of cases reviewed.

**Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care**

Item 2 continues to be an area needing improvement for Kentucky. Kentucky scored a strength in 67% of the applicable cases in 2016 during the CFSR. The scores have continued to decrease in this item as evidenced by PIP baseline results showing that Kentucky only had a strength in 54.9% of the cases; and data from the eighth measurement period shows an even further decrease with a strength rating in only 21.88% of cases applicable for review (Table 19).
Data in Table 20 shows Kentucky’s risk standardized performance (RSP) regarding the recurrence of maltreatment and re-entry into foster care based on AFCARS data as displayed in the data profiles from 2017-2020. Please note that 2018 data is unavailable due to modifications to the federal syntax. Kentucky continues to show significant increases in the recurrence of maltreatment, as well as slight increases in re-entry to foster care.

### Table 20

<table>
<thead>
<tr>
<th>Recurrence of Maltreatment</th>
<th>May 2017 Data Profile RSP</th>
<th>January 2019 Data Profile RSP</th>
<th>February 2020 Data Profile RSP</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Standard: 9.5% ↓</td>
<td>FY12-13: 13.5%</td>
<td>FY14-15: 15.3%</td>
<td>FY15-16: 15.7%</td>
</tr>
<tr>
<td></td>
<td>FY13-14: 13.1%</td>
<td>FY15-16: 15.7%</td>
<td>FY16-17: 16.2%</td>
</tr>
<tr>
<td></td>
<td>FY14-15: 15.3%</td>
<td>FY16-17: 16.2%</td>
<td>FY17-18: 19.0%</td>
</tr>
</tbody>
</table>

| Re-Entry to Foster Care | 13A-13B: 8.4%            | 15A-15B: 8.6%                 | 16A-16B: 8.8%                 |
| National Standard: 8.4% ↓ | 13B-14A: 9.4%            | 15B-16A: 9.6%                | 16B-17A: 8.3%                |
|                            | 14A-14B: 9.4%            | 16A-16B: 8.7%                | 17A-17B: 9.5%                |

CFSP and PIP activities are targeted at improving these outcomes, including the implementation of a safety model (CFSP Goal 1) and improving the state’s service array (CFSP Goal 2). Specifically, through activities in CFSP Goal 2, the department as identified which services are needed and in what areas of the state those services are needed. Regional forums have allowed for feedback from clients, including former foster youth, as to what the service needs are specific to their respective populations. The expansion of the PEM meetings is another activity underway that assists with preventing families from becoming involved with the child welfare system by quickly identifying the root causes for educational neglect and putting services into place prior to referrals to the department. Additionally, the department is conducting further analysis on cases where recurrence of maltreatment has occurred in order to identify missed opportunities and strategize ways to decrease recurrence in future cases. More information on these activities can be found in Section I.A and B of the APSR, and Kentucky’s April 2020 PIP Biannual Report.
Item 3: Risk and Safety Assessment and Management

Item 3 was identified as an area needing improvement as only 60% of applicable cases reviewed during the CFSR were rated as a strength. Data from the PIP baseline confirms that risk and safety assessment and management continues to be an area needing improvement, as 49.44% of the cases reviewed had a strength rating and further decrease in eighth PIP measurement period (31.11%).

<table>
<thead>
<tr>
<th></th>
<th>CFSR</th>
<th>PIP Baseline (PUR 9/17-2/18)</th>
<th>PIP Measurement Period 8 (PUR 10/18-3/19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 3 (PIP Goal-54.2%)</td>
<td>60%</td>
<td>49.44%</td>
<td>31.11%</td>
</tr>
</tbody>
</table>

Online Monitoring System-State Rating Summary

Through the PIP and CFSP Goal 1, the department will implement a safety model, which will assist with improving outcomes for Item 3. While implementation plans and activities are fully underway for the new safety model, one of the initial areas of need identified in regards to Item 3 was frontline worker ability to differentiate appropriately between safety and risk. As a result, the department has revised SOP to implement a safety plan and provide content to assist staff in differentiating between safety and risk, as well as when it is appropriate to use a safety, prevention, or aftercare plans. A web-based training for the revised SOP has been developed and disseminated to workers. Additional information on the status of safety model implementation can be found in Section I.A and Kentucky’s April 2020 PIP Biannual Report.

Permanency Outcome 1: Children have permanency and stability in their living situations

Findings from the CFSR concluded that Kentucky was not in substantial conformity with Permanency Outcome 1, as the outcome was substantially achieved in only 23% of applicable cases. PIP baseline data revealed that Kentucky was in substantial conformity in only 30.56% of cases reviewed. Within the eighth PIP measurement period, Kentucky has demonstrated a significant decrease from the baseline, with only 19.44% of cases reviewed in substantial conformity.

Item 4: Stability of Foster Care Placement

Stability of foster care placements is an area needing improvement for the state, as 67.5% of applicable cases reviewed during the CFSR were rated as a strength. Data from the PIP baseline shows an improvement in this item with 77.78% of cases reviewed being rated as a strength. However, data from the eighth PIP measurement period shows a slight decrease at 72.2%.

Data from the state’s CCWIS shows that rates of placement stability decrease as a child’s length of time in care increases, as evidenced by figures 3-5.

Figure 3

C4.1: Percent of children in care for less than 12 months with 2 or fewer placement settings.
C4.2: Percent of children in care for 12 to 24 months with 2 or fewer placement settings.

C4.3: Percent of children in care for at least 24 months with 2 or fewer placement settings.
Department initiatives targeted at improving stability of foster care placements include the development of regional placement disruption committees, compliance with screening and assessment, and implementation of a review process to monitor placement stability as part of the PIP.

Permanency workgroups examined data to determine which service regions are in the most need of a targeted strategy focused on placement stability. The CCWIS data above was utilized to identify regions with lower scores and The Lakes and Salt River Trail service regions were selected. Technical assistance was received from the Center through the facilitation of a business process map of the placement decision-making process for the two pilot regions to guide the work. The evaluation of data and practice will inform future practice and policy moving forward. Based on feedback from the two pilot regions, the department is working to modify the regional structure for placement stability data. This will inform a statewide structure for the monitoring of placement stability data. The department is being intentional in efforts to engage with and provide data to all regions, as well as private agency partners, to inform placement stability.

Activities underway to improve placement stability include embedding screening and assessment into practice to assist staff in accurately identifying children’s behavioral health needs upon entry in to care and resulting in the identification of the best placement scenario for each individual child. The department is implementing a statewide placement stability process. Through this implementation, the enhancement of team decision-making and stakeholder engagement will assist in the identification of resources needed to maintain placements prior to disruption. Additional information on screening and assessment can be found in Section I.C of the APSR. Additional information on the placement stability review process can be found in Kentucky’s April 2020 PIP Biannual Report.

**Item 5: Permanency Goal for Child**

Results from the CFSR show that establishing appropriate permanency goals in a timely matter is another area needing improvement for the state, as only 32.5% of cases reviewed had a strength rating. PIP baseline data shows improvement with 54.3% of cases rated as a strength in this area, however, the eighth measurement period shows a significant decrease at 39.44% (Table 23). Data from second-level case reviews indicates scores regarding Item 5 have plateaued below the
desirable threshold as shown in Figure 6. An activity that is anticipated to improve performance on this item is the implementation of the permanency review process as part of the PIP (additional details can be found in Kentucky’s April 2020 PIP Biannual Report). Permanency calls are occurring statewide that examine the appropriateness of the current permanency goal for a child, and identify any barriers to goal achievement. The department is working closely with AOC and OLS in this area, as there have been court barriers identified leading to a delay in children receiving appropriate and timely permanency. Some service regions have developed strategies that are focused on data entry, which may affect timeliness of permanency goals.

Table 23

<table>
<thead>
<tr>
<th>Item 5 (PIP Goal-61.9%)</th>
<th>CFSR</th>
<th>PIP Baseline (PUR 9/17-2/18)</th>
<th>PIP Measurement Period 8 (PUR 10/18-3/19)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>32.5%</td>
<td>54.3%</td>
<td>39.44%</td>
</tr>
</tbody>
</table>

Online Monitoring System-State Rating Summary

Figure 6: Case Review Item 5, Data in a Glance (DIG), Item Over Time

![Permanency Goal for Child](image)

Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement

Concerted efforts to achieve permanency is another area for improvement for the state. The CFSR found that only 35% of the applicable cases reviewed to be rated as a strength for this item. PIP baseline data showed slight improvement, as 38.89% of cases reviewed had a strength rating. However, the eighth measurement shows a significant decrease at 31.94%.

Table 24

<table>
<thead>
<tr>
<th>Item 6 (PIP Goal-46.2%)</th>
<th>CFSR</th>
<th>PIP Baseline (PUR 9/17-2/18)</th>
<th>PIP Measurement Period 8 (PUR 10/18-3/19)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>35%</td>
<td>38.9%</td>
<td>31.94%</td>
</tr>
</tbody>
</table>

Online Monitoring System-State Rating Summary

CCWIS data shows that as of January 2020, the state has significantly decreased (75.8%) in the percent of reunifications that occurred in less than 12 months compared to January 2019 (81.2%).

Figure 7

C1.1: Percent of reunifications that occur in less than 12 months.
The state has shown an increase in adoptions occurring in less than 24 months (20.9% in January 2020) in comparison to 14.2% in January 2020.

Figure 8

**C2.1: Percent of adoptions occurring in less than 24 months.**

Child-specific recruitment efforts through CFRM, diligent recruitment of foster and adoptive homes, and an increase in prevention services will continue to assist in improving the timely achievement of permanency for children in OOHC. Furthermore, the PIP strategy focused on a permanency case review process involves the identification, assessment, and action planning regarding systemic and case-level barriers to permanency for children who have been in OOHC for 12-23 months. Permanency calls are occurring statewide. These calls examine goal appropriateness; as well identify any barriers
to timely achievement of those goals. AOC and OLS are kept apprised of trends and identified barriers in order to strategize

to eliminate those barriers either on child specific case basis or systemically. CQI specialists track permanency data and
participate in permanency calls. These activities address Item 21 in ensuring that a periodic review for each child occurs no
less frequently than once every six months, either by a court or by administrative review.

Additional information on the above activities can be found in Section I.B and C of the APSR, as well as Kentucky’s April 2020
PIP Biannual Report.

**Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.**

Results of the CFSR showed that Kentucky was not in substantial conformity with Permanency Outcome 2, as the outcome
was substantially achieved in only 56% of cases reviewed. PIP baseline data shows a similar, yet decreased performance,
with 54.17% of cases reaching substantial conformity for this outcome. PIP data from the eighth measurement period does
show improvement, with 63.89% of cases being in substantial conformity.

*Item 7: Placement with Siblings*

The CFSR indicated placement with siblings as an area of strength for the state with 96% of applicable cases reviewed having
a strength rating. Data from the PIP baseline show a slight decrease, with 94.29% of cases having strength ratings, and an
even further decrease during the eighth measurement period at 90.63%. Although this is not an item that is monitored for
successful PIP completion, and there are no planned activities specific to improving performance, the state will continue to
monitor performance in this area throughout the remaining years of the CFSP.

![Table 25](data:image/)

**Item 8: Visiting With Parents and Siblings in Foster Care**

Item 8 is another area needing improvement for the state, as 63% of cases reviewed during the CFSR were rated as a
strength for this item. The data shows concerted efforts around the frequency and quality of visitation between children
and their parents (mothers: 68%; fathers: 70%) was better than that of visitation between children and their siblings (44%).
PIP baseline shows a decrease in performance with 46.15% of cases receiving strength ratings regarding visiting with parents
and siblings in foster care. The eighth measurement period shows an increase since baseline, with 53.66% of case scoring as
a strength.

![Table 26](data:image/)

Visitation and relationships with biological families were targeted in the development of PIP service array strategy 2.
Through strengthening the service array, it is Kentucky’s goal to improve and expand resources available to relatives or
fictive kin while supporting attachment and encouraging reunification by utilizing community partners to support visitation
and connections between children placed in OOHC and their families. Kentucky is working to establish relationships with
community partners, including the faith-based community in order to improve the quality and frequency of parent and child
visitation. An MOU has been developed for statewide use as new visitation sites are identified. EKU has developed a training for all visitation site volunteers to prepare them to properly supervise and evaluate visitations. Regional protocols have been developed for areas with sites identified for the referral process. Additional updates on these activities can be found in Kentucky’s April 2020 PIP Biannual Update.

Item 9: Preserving Connections
Preserving connections received a 68% strength rating for cases reviewed during the CFSR and a 62.86% strength rating during the PIP baseline, therefore, ensuring children remain connected to their home communities is an area needing improvement for the state. A further decrease was noted during the eighth PIP measurement period.

<table>
<thead>
<tr>
<th>Item 9 (Not a PIP Monitored Item)</th>
<th>CFSR</th>
<th>PIP Baseline (PUR 9/17-2/18)</th>
<th>PIP Measurement Period 8 (PUR 10/18-3/19)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>68%</td>
<td>62.86%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Online Monitoring System-State Rating Summary

Improvement of case review scores around preserving connections may improve with increased relative financial support and the child specific foster home approval type. More information on these activities can found in Section I.C of the APSR.

Item 10: Relative Placement
Concerted efforts to place children with relatives when appropriate has been an area of increased focus for the state within the past several years. During the CFSR, 54% of applicable cases reviewed had strengths in this area. PIP monitoring data indicated 68.66% of cases reviewed had a strength rating, with additional improvement during the eighth measurement period at 74.65%, which may be credited to recent changes promoting and enhancing supports for relative placements.

<table>
<thead>
<tr>
<th>Item 10 (Not a PIP Monitored Item)</th>
<th>CFSR</th>
<th>PIP Baseline (PUR 9/17-2/18)</th>
<th>PIP Measurement Period 8 (PUR 10/18-3/19)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>54%</td>
<td>68.66%</td>
<td>74.65%</td>
</tr>
</tbody>
</table>

Online Monitoring System-State Rating Summary

Improvement of case review scores around relative placement may continue to improve with increased relative financial support and the child specific foster home approval type. More information on these activities can found in Section I.C of the APSR.

Item 11: Relationship of Child in Care with Parents
Concerted efforts to promote, support, and maintain positive relationships between children in care and their primary caretakers through activities other than visitation is an area for improvement for the state, as 52% of cases reviewed during the CFSR had a strength rating. Efforts regarding the mother’s relationship with the child (57% strength) were better than father’s relationship with child (45% strength). PIP measurement data showed a decrease in performance, with 43.75% of cases reviewed receiving a strength rating for this item. However, improvement occurred in the eighth PIP measurement period, with 47.22% of cases receiving a strength rating.

<table>
<thead>
<tr>
<th>Item 11 (Not a PIP Monitored Item)</th>
<th>CFSR</th>
<th>PIP Baseline (PUR 9/17-2/18)</th>
<th>PIP Measurement Period 8 (PUR 10/18-3/19)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>52%</td>
<td>43.75%</td>
<td>47.22%</td>
</tr>
</tbody>
</table>
Activities within the PIP and the CFSP, such as the implementation of visitation services and expansion of the relative and fictive kin service array, have likely contributed to the positive increase in strength ratings for Item 11. Additionally, the department has issued the SOP Chapter 5 Relative and Fictive Kin Placement, which provides guidance to staff when informing relatives and fictive kin caregivers on the relative service array. This allows for additional resource identification and an increase in the relative and fictive kin caregiver’s capability, resulting in continued relationships between children and parents. For further information regarding the expansion of the state’s relative and fictive kin service array, please see Section I.B of the APSR. For further information on the progress of the service array strategy within the PIP, please refer to Kentucky’s April 2020 PIP Biannual Report.

**Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs.**

The majority of cases reviewed during the CFSR were not in substantial conformity with Well-Being Outcome 1, as the outcome was only substantially achieved in 31% of applicable cases. In-home cases had performance below that of OOHC cases, with scores of 24% and 35% respectively. PIP baseline data mirrored these results with 32.22% of cases substantially achieving this outcome, and additional decline to 31.67% during the eighth PIP measurement period. Well-Being Outcome 1 had the lowest performance of the three well-being outcome areas during the CFSR and during baseline case reviews; therefore, there is ample room for improvement in the area of enhancing families’ capacity to provide for their children.

**Item 12: Needs and Services of Child, Parents, and Foster Parents**

Item 12 focuses on the assessment of needs and provision of services for children, parents, and foster parents. Overall, this is an area needing improvement for the state as 34% of cases reviewed in the CFSR had strength ratings. As demonstrated in prior outcome areas, the state performed better in OOHC cases (38% strength) when compared to in-home cases (28%). PIP baseline data showed some improvement, with an overall strength score of 40.8% for Item 12, however, this declined during the eighth measurement period to 35.56%.

The needs and services provided to children, parents, and foster parents are individually addressed in the below three sub-items, 12A, B, and C. As demonstrated below in across all of the data points, the department does a better job with the needs assessment and services to foster (12C), then children (12A). Assessing need and providing services to parents (12B) continues to be the greatest area needing improvement within Item 12.

<table>
<thead>
<tr>
<th>Item</th>
<th>CFSR</th>
<th>PIP Baseline (PUR 9/17-2/18)</th>
<th>PIP Measurement Period 8 (PUR 10/18-3/19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 12 (PIP Goal: 45.5%)</td>
<td>34%</td>
<td>40.80%</td>
<td>35.56%</td>
</tr>
<tr>
<td>Item 12A</td>
<td>68%</td>
<td>64.25%</td>
<td>50.56%</td>
</tr>
<tr>
<td>Item 12B</td>
<td>39%</td>
<td>38.75%</td>
<td>32.39%</td>
</tr>
<tr>
<td>Item 12C</td>
<td>81%</td>
<td>83.05%</td>
<td>82.26%</td>
</tr>
</tbody>
</table>

Activities within the CFSP that are anticipated to improve assessment of needs and service provision across Item 12 include the implementation of a safety model, to include the implementation of an ongoing risk assessment, and the expansion of the prevention service array. Updates for these activities can be found in Section I.A and B of the APSR.

PIP activities that are anticipated to improve scores for Item 12 include activities within the service array strategy targeted at improving the quality and accessibility of services. Activities underway to assist in meeting the needs of children, parents, and foster parents include embedding screening and assessment into practice to assist staff in accurately identifying children’s behavioral health needs upon entry in to care and resulting in the identification of the best placement scenario for
each individual child. The placement stability protocol process mapping is anticipated to help identify areas of need for foster parents prior to placement disruption. The expansion of prevention services will also assist to increase the department’s ability to meet the needs of children, parents, and foster parents as many prevention services allow for intervention in the foster home, as well as in the home of origin. The most recent updates on these activities can be found in Kentucky’s April 2020 PIP Biannual Report.

**Item 13: Child and Family Involvement in Case Planning**

Involving children and their families in the case planning process is an area needing improvement for the state, as only 40% of applicable cases reviewed during the CFSR received a strength rating and 37.9% of cases reviewed during the PIP baseline received a strength rating. OOHC cases saw greater involvement from children and families in case planning (47%) than in-home cases (28%). Efforts to involve children, mothers, and fathers in case planning were relatively similar despite the roles of the family member (children: 51%; mothers: 52%; fathers: 49%). The eighth PIP measurement period showed further decline, with only 31.14% of cases with strength ratings.

<table>
<thead>
<tr>
<th>Item 13 (PIP Goal: 42.6%)</th>
<th>CFSR</th>
<th>PIP Baseline (PUR 9/17-2/18)</th>
<th>Combined PIP Measurement Period (PUR 7/18-12/18 and 1/19 - 6/19)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>40%</td>
<td>37.9%</td>
<td>26.43%</td>
</tr>
</tbody>
</table>

Online Monitoring System-State Rating Summary

The department anticipates that the engagement activities outlined within the PIP will work to strengthen relationships between workers and families, leading to better engagement in all areas of casework, including case planning. The recent release of **SOP 1.6 Quality Engagement for Successful Partnership**, along with engagement tip sheets is anticipated to increase child and family involvement in case planning. A caseworker visit template was developed to prompt workers on engagement cues when in conversation with families. Second-level case reviewers have begun quality calls to families to solicit feedback in reference to the quality of worker visits. A clear definition of quality worker visits and staff expectations has been developed and disseminated to all staff. Updates on these activities are available in Kentucky’s April 2020 PIP Biannual Report.

**Item 14: Caseworker Visits with Child**

The frequency and quality of caseworker visits with children is an area needing improvement for the state as evidenced by a 58% strength rating during the CFSR and a decreased 53.33% strength rating during the PIP baseline. Furthermore, the frequency and quality of visits to children in in-home cases requires extra emphasis, as the strength rating of in-home cases (36%) is half the score of OOHC cases (73%). The department saw further decline during the eighth PIP measurement period (40%).

<table>
<thead>
<tr>
<th>Item 14 (PIP Goal: 58.1%)</th>
<th>CFSR</th>
<th>PIP Baseline (PUR 9/17-2/18)</th>
<th>PIP Measurement Period 8 (PUR 10/18-3/19)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>58%</td>
<td>53.3%</td>
<td>40%</td>
</tr>
</tbody>
</table>

Online Monitoring System-State Rating Summary

Although frequent and quality visits with children who are placed in OOHC are happening more often than those visits with children in in-home cases, data in Figure 9 demonstrates performance has plateaued over the past several quarters. Additionally, monthly caseworker visit data for the past several years has shown that Kentucky is below the 95%
requirement for monthly visits with children in OOHC. Information on Kentucky’s most recent scores regarding caseworker visits and associated financial penalties can be found in Section III.C of the APSR.

*Figure 9: Percent of Children in Care Who Received a Visit Each and Every Calendar Month They Were in Care for the Full Month*

**Caseworker Visits.**

As with Item 13, the department anticipates that engagement activities outlined within the PIP will work to strengthen relationships between workers and families, leading to better engagement in all areas of casework, including caseworker visits. The recent release of [SOP 1.6 Quality Engagement for Successful Partnership](#), along with engagement tip sheets is anticipated to increase child and family involvement in case planning. A caseworker visit template was developed to prompt workers on engagement cues when in conversation with families, including children. The addition of the permanency calls will also include strategies that will result in increased caseworker visits. In addition to the engagement activities, activities to support and retain the workforce within the PIP and CFSP Goal 4 are expected to improve scores for these items. Frontline staff have not met expectations for visits with children due to high caseloads. The implementation of workforce supports in an effort to stabilize the workforce is anticipated to decrease caseloads. An example of supportive practice being implemented is the Systems Safety Review (SSR) process for fatality and near fatalities. It allows for a deep examination of the case while looking at the child welfare system as a whole, thereby allowing staff involved to feel supported and not scapegoated in these situations. More information on the SSR can be found in Section II.A below.

Updates on the PIP activities are available in Kentucky’s April 2020 PIP Biannual Report. Updates on CFSP Goal 4 can found in Section I.D of the APSR.
Item 15: Caseworker Visits with Parents

Caseworker visits with parents had lower strength ratings than caseworker visits with children in both the CFSR and PIP monitoring data. Cases reviewed during the CFSR received a 41% strength rating while PIP baseline data produced a 36.9% strength rating on Item 15. Again, parents with OOHC cases had better frequency and quality of visits (45%) than parents with in-home cases (36%). Caseworker visit performance did not vary between the role of the parent during the CFSR, as a 43% strength rating was found in regards to visits with mothers and a 44% strength rating for fathers. An even greater decrease was seen during the eighth PIP measurement period with only 23.94% of case achieving a strength rating.

<table>
<thead>
<tr>
<th>Item 15 (PIP Goal: 41.9%)</th>
<th>CFSR</th>
<th>PIP Baseline (PUR 9/17-2/18)</th>
<th>Combined PIP Measurement Period (PUR 7/18-12/18 and 1/19-6/19)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>41%</td>
<td>36.9%</td>
<td>24.48%</td>
</tr>
</tbody>
</table>

Online Monitoring System-State Rating Summary

As with Item 14, PIP activities around engagement are expected to improve scores for Item 15. The recent release of SOP 1.6 Quality Engagement for Successful Partnership, along with engagement tip sheets is anticipated to increase child and family involvement in case planning. A caseworker visit template was developed to prompt workers on engagement cues when in conversation with families, including children. An additional activity that may improve performance on this item is implementation of FTS program. Updates on the implementation of these activities can be found in Kentucky’s April 2020 PIP Biannual Report and Section I.D of the APSR, respectively.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

Well-Being Outcome 2 was the highest performing outcome area of the three well-being outcomes, as the outcome was substantially achieved in 77% of cases reviewed in the CFSR and 79.22% of cases reviewed within the PIP baseline. The department’s scores during the eighth PIP measurement period shows further improvement, with 82.14% of cases reviewed receiving a strength rating.

Item 16: Educational Needs of the Child

Assessing and addressing the educational needs of children is an area needing improvement for the state, as 77% of cases reviewed during the CFSR received a strength rating and 79.22% of cases reviewed within the PIP baseline received a strength rating. The frequency of assessing and addressing educational needs of children in OOHC cases is nearly double (84%) of the performance in in-home cases (43%).

<table>
<thead>
<tr>
<th>Item 16 (Not a PIP Monitored Item)</th>
<th>CFSR</th>
<th>PIP Baseline (PUR 9/17-2/18)</th>
<th>PIP Measurement Period 8 (PUR 10/18-3/19)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>77%</td>
<td>79.22%</td>
<td>82.14%</td>
</tr>
</tbody>
</table>

Online Monitoring System-State Rating Summary

Prior and current activities that have contributed to the state’s progress to date to achieve substantial conformity in this outcome area include the continued use of PEMs, which continue to show favorable results. Please see Section I.B of the APSR for updates on implementation and success rates of PEMs.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs

Well-Being Outcome 3 was substantially achieved in 59% of cases reviewed in the CFSR and 70.5% of cases within the PIP baseline. Children received adequate services to meet their physical and mental health needs at a substantially higher
strength rating in OOHC cases (73%) compared to in-home cases (32%). The department’s eighth PIP measurement period shows a significant decrease, to only 52.8% of cases receiving a strength rating.

**Item 17: Physical Health of the Child**

Addressing the physical health needs of children is an area needing improvement for the state, as 76% of cases reviewed during the CFSR received a strength rating. Data from the PIP baseline showed a similar score, with 78.3% of cases receiving a strength rating. Children in OOHC more frequently had their physical health needs addressed (83% strength rating) compared to children in in-home cases (44% strength rating). Data from the eighth PIP measurement period shows a significant decrease, with only 67.03% of case achieving a strength rating.

<table>
<thead>
<tr>
<th>Item 17 (Not a PIP Monitored Item)</th>
<th>CFSR</th>
<th>PIP Baseline (PUR 9/17-2/18)</th>
<th>PIP Measurement Period 8 (PUR 10/18-3/19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>76%</td>
<td>78.3%</td>
<td>67.03%</td>
<td></td>
</tr>
</tbody>
</table>

A current activity targeted at improving the department’s ability to meet the physical health needs of children is the cabinet initiative, KY SKY. KY SKY is the designation of one MCO to serve all children in OOHC to ensure consistent and adequate services to children in care. The goal is to streamline the services received by youth in care, as well as providing easier access for frontline staff to the services an MCO has to offer. In May 2020, after the completion of the state’s procurement process, Aetna Better Health of Kentucky was selected to serve as the one MCO for children in OOHC. Many activities have occurred over the past year to prepare for this transition, to include the mapping of the department’s business process to identify gaps that can be met by KY SKY.

**Item 18: Mental/Behavioral Health of the Child**

Addressing the mental/behavioral health needs of children is an area needing improvement for the state. The CFSR found a 63% strength rating and the PIP baseline found a 72.45% strength rating regarding this item. As demonstrated in multiple prior items, addressing the mental/behavioral health needs of children in OOHC cases saw better performance (75% strength rating) than that of children in in-home cases (40%). The eighth PIP measurement period shows a significant decrease in strength ratings, with a score of 54.17%

<table>
<thead>
<tr>
<th>Item 18 (Not a PIP Monitored Item)</th>
<th>CFSR</th>
<th>PIP Baseline (PUR 9/17-2/18)</th>
<th>PIP Measurement Period 8 (PUR 10/18-3/19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>63%</td>
<td>72.45%</td>
<td>54.17%</td>
<td></td>
</tr>
</tbody>
</table>

The department anticipates that full implementation of screening and assessment will improve scores for this item. Please see Section I.C for updated information on screening and assessment, including updated data on screening and CANS compliance.

The department’s reorganization and development of the Clinical Services Branch within the division has allowed for centralized administration and coordination of physical and mental/behavioral health consultation activities. For more information regarding how the services provided within the Clinical Services Branch have contributed to the progress in this outcome area, please refer to the department’s Section II.B and the 2020-2024 Health Care Oversight and Coordination Plan in Attachment 8.
Implementation of FFPSA and the increased use of EBPs in prevention service is anticipated to improve the quality of mental health services provided to families and children. Updated information on FFPSA implementation can be found in Section I.B of the APSR.

G. Conclusion, Opportunities for Reassessment, and Learning

Achievements
The first year of the 2020-2024 CFSP brought many accomplishments for the department. The procurement of an initial contract with NCCD to implement an evidenced-based safety model (SDM) is one major achievement and a key step in improving safety outcomes for families served by the department. The department continues to move forward with this implementation and intends continued partnership with the Center for technical assistance.

The department has seen increased participation in the CFSP Stakeholder CQI meetings, especially during the virtual meeting held in April 2020. Valuable feedback is received that assists the department in implementing, assessing, and modifying CFSP activities. Although initially perceived as a challenge, the virtual meeting held in April demonstrated opportunities for flexibilities with these meetings in order to reach key stakeholders across the state that are typically unable to participate due to distance and other barriers.

Diligent recruitment has continued to be an area of strength for the department and many improvements have been made in regards to services for relative and fictive kin caregivers. Additionally, the department has seen success with the full implementation of screening and assessment within practice and will continue to strive toward full compliance with screening and assessment. The department anticipates further improvement in placement stability through increased compliance with screening and assessment.

The department continues to work toward a CQI redesign that will ensure the department’s focus is data informed and outcome driven. After finalization of the CQI self-assessment, the department will move toward needed modifications to the process. The department is confident that an improved CQI process will be a catalyst for improving outcomes statewide.

Another notable achievement was the approval of Kentucky’s five-year prevention and implementation of FFPSA, which made Kentucky the fifth state in the nation with an approved five-year prevention plan; the first within Region IV. Expansion of PEMs, the department’s primary prevention program, has proven to be successful in diverting families from child welfare intervention. The department will continue to seek funding opportunities to expand this initiative into other areas of the state.

Opportunities for improvement
The department recognized its largest number of children in OOHC in May 2020 at 10,047 children in active placement. The department will need to continue to work toward expansion of prevention services to ensure that services are available statewide to prevent removals. Additionally, the department will need to continue to work toward implementation of SDM to ensure that staff are appropriately assessing for safety and on ly removing children when they cannot safely remain in the home. Additionally, the department needs to continue to implement initiatives to assist with improving timely and appropriate permanency for all children, but especially those who have been in care for 12-23 months.

The department needs to continue implementing and modifying strategies within its PIP in order to successfully complete the PIP within the required timeframe. Although Kentucky has seen success within Item 1, the remaining items are still significantly below the established PIP goals. Outcomes of specific concern include Safety Outcome 2, Permanency Outcome 1, and Well-being Outcome 1. However, it is anticipated that the activities described throughout this narrative will assist in increasing performance in these areas.
Staff turnover continues to be one of the greatest barriers in improving outcomes for families and children. Many factors contribute to staff turnover, including large caseloads and compensation that is not competitive with other states or private agencies. The department is optimistic that implementation of the Culture of Safety model, development of an alternative response model, and re-implementation of the FTS program will assist with improving the employment experience of staff, thus improving retention rates within the department.

Over the next year, it is anticipated that the effects of the COVID-19 pandemic may lead to decreases in case review scores related to many activities, such as parent and child visitation, and delays in other activities and initiatives. At this time, there is no realistic way to determine what the impact may be. In an effort to limit the disruptions that the pandemic could bring, the department is strategizing innovative opportunities, such as virtual meetings to ensure that CFSP, PIP, and other activities continue and do not lose momentum.

II. Additional Reporting Requirements

A. Child Abuse Prevention and Treatment Act

During the 2020 legislative session, the state did not have any significant changes to state law or regulations that would affect the state’s eligibility for the Child Abuse Prevention and Treatment Act (CAPTA) state grant. The state did not alter its use of CAPTA funds as described in its current CAPTA plan. The state uses CAPTA funds in three ways. First, the state contracts with the University of Kentucky to provide multi-dimensional, comprehensive, proactive assessments of children and families identified by the department. The information is used by cabinet personnel to more effectively negotiate and implement a case plan that includes family and individual level objectives that will address safety and permanency issues for children. Second, the state uses CAPTA funds to partially fund the pediatric forensic consultation contract with UofL for use in the investigative assessment of injuries in physical abuse cases. Finally, the state uses CAPTA funds in staff training efforts. Those efforts are ongoing. The state CAPTA coordinator (State Liaison Officer) is Tracy DeSimone and can be contacted by phone at 502-564-6852, extension 3571, by mail at 275 East Main Street 3E-A Frankfort, Kentucky 40621, or via email at tracy.desimone@ky.gov. The state’s annual Citizen Review Panel report and agency response are attached (Attachments 5 and 6).

Child Maltreatment Deaths

Prior to October 2019, the department utilized a child fatality/near fatality review process for every active case involving a subsequent referral and substantiation of maltreatment because of fatality or near fatality. The child fatality and near fatality review process occurred in a meeting involving the central office child fatality liaison, as well as the identified child fatality review team. In most cases, the meeting occurred 60 calendar days from the maltreatment finding. The goal of the meeting was to assist with the assessment, make recommendations for the family, assess the department’s previous involvement with the family, identify regional and systemic areas for improvement, and determine if there are opportunities for staff training. A case review tool, which corresponded to the CQI case review tool the service regions use monthly for random case reviews, was utilized to review fatality and near fatality cases. Data from these case reviews was analyzed to determine if the issues identified in the referrals prior to the fatality or near fatality were systemic or isolated to the fatality or near fatality case, based on the individual regions’ overall CQI case review scores.

In response to changes to CAPTA section 106(b)(2)(B)(x) relating to the public disclosures of fatalities or near fatalities, the department has attached a fatality and near fatality reporting table to be published with the APSR on the department’s web page (Attachment 7). The reporting table includes substantiated fatality and near fatality cases from state fiscal year 2019. The department also submits all fatality and near fatality cases for review by the state’s Child Fatality and Near Fatality External Review Panel (panel). The panel receives and reviews all investigations that met the department’s criteria for a fatality or near fatality investigation. The cases reviewed are un-redacted per KRS 620.055; however, the panel is prohibited...
from releasing them publically. The panel provides a report on the summary of the findings of the reviews completed each year. The department has established a process for releasing all records to include the use of SharePoint for transfer of records, protocol for requesting case files from the field, protocol for case file organization, and a collaborative process with the Justice Department liaison to the panel for requesting additional records the panel requires.

The department, in collaboration with Collaborative Safety, implemented a culture of safety framework, the SSR process, for fatality and near fatalities in October 2019. In preparation for the implementation of the new review process, program and regional staff began training with Collaborative Safety in March 2019. Leadership and frontline staff attended orientations and leadership trainings on the process throughout the remainder of 2019. The department’s goal in implementing the SSR was to adopt a culture within the department that looks at the child welfare system as a whole, rather than scapegoating and reacting punitively toward individual staff in an effort to assist with removing the stigma associated with working for the department. Other states that have implemented the culture of safety have seen an increase in staff retention, ultimately leading to a decrease in caseloads. The culture of safety framework examines systemic-level issues through a voluntary human debriefing process and process mapping. Partnership with other community-based agencies, including law enforcement, may occur during the one-on-one human debriefing process. Local law enforcement will be members of the regional mapping teams.

All cases with a child fatality or near fatality in an active case or investigation will have an initial review by the system safety analyst and will be presented to the MDT for consideration of a comprehensive analysis. The system safety review team completes an initial case review, which includes a review of the circumstances of the fatal or near fatal incident, allegations and details of prior investigations, and the provision of ongoing services. The goal of the initial review is to identify features that may lead to conducting a more in-depth analysis of the case. Particular attention is given to history occurring within 24 months prior to the fatal or near fatal incident. The System Safety Review Process Manual and SOP 2.14 Investigations of Child Fatalities and Near Fatalities fully outlines the SSR process.

Data and actions taken in response to the findings of the SSR will be incorporated into the annual Child Abuse and Neglect Fatality and Near Fatality Report provided to the governor, the General Assembly, and the state child fatality review.

NCANDS Reporting
The state uses the CCWIS to capture information on child fatalities related to maltreatment. For every fatality investigated as a possible death caused by maltreatment, the investigator obtains a copy of the official death certificate and autopsy conducted by the medical examiner. The investigator incorporates this information into decision making around the investigative findings, as well as case disposition. A discussion of the contents of these documents is included in the assessment entered into CCWIS. These documents, as well as any additional documents such as those produced by law enforcement, are maintained in the case file.

Juvenile Justice Transfers
Juvenile justice transfers refers to the population of children who are transferred from the department’s custody to the responsibility of the state juvenile justice agency, either placed in that agency’s custody or through legal commitment. Once the court order is issued, the caseworker enters the change in the CCWIS by noting an “exit” in the child’s placement screen. Department personnel are directed to enter data in a CCWIS field designated as “Transferred to Another Agency,” and the juvenile justice transfer number is extrapolated from that field. Additionally, the department and DJJ have an informal agreement to share data on this population. Data sharing among agencies occurs in alignment with the federal Adoption and Foster Care Analysis and Reporting System (AFCARS) submission twice per year. Children who exit to the state juvenile justice agency may do so for a variety of reasons associated with their specific situation and court case. Typical reasons for transfer include the receipt of a criminal conviction for crimes committed prior to or during their commitment to the child welfare agency. During calendar year 2019, 50 children under the care of Kentucky’s child protection system were transferred into the custody of Kentucky’s juvenile justice system (DJJ).
**Services to Substance-Exposed Newborns**

Since 2003, CAPTA has included a state plan requirement regarding policies and procedures to address the needs of substance-exposed infants, including requirements to make appropriate referrals to child protective services and other appropriate services, and a requirement to develop a POSC for the affected infants. In 2016, the Comprehensive Addiction and Recovery Act (CARA) further clarified the population requiring a POSC, required the POSC to include both the infant and caregiver, specified data to be reported, and specified increased monitoring and oversight.

The POSC must address the needs of both the infant and the affected family or caregiver. Specific data is required to be reported to the *maximum extent practical* on the affected infants and the POSC. The data includes:
- The number of infants identified as being affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or Fetal Alcohol Spectrum Disorder;
- The number of infants for whom a POSC was developed; and
- The number of infants for whom referrals were made for appropriate services.

The state requires health care providers to report children born affected by substance abuse to both state child welfare agency and DPH (KRS 620.030, KRS 214.160, State agency SOP 2.3 Acceptance Criteria, and KRS 211.676). The provider may include information related to the mother’s enrollment and participation in a medication-assisted treatment program, and if the mother is able to provide care for the child and herself while taking the medication.

Reports are screened by the child welfare agency’s centralized intake to determine if they meet criteria for abuse or neglect. If a report meets criteria for abuse or neglect, a child welfare worker investigates the report. If the case will be opened, the child welfare worker will create a case plan that will include a POSC for the infant. If the case is not being opened, the child welfare worker will create an aftercare plan that will include a POSC for the infant. The content of any plan will be determined by the case-specific risk assessment. For cases active with child welfare, the prevention plan, case plan, or aftercare plan will become the POSC for the infant, although no changes to the forms themselves are necessary. Staff received training in the spring of 2017 as part of a joint effort with DPH to ensure any planning document created by either agency will carry the critical elements that are related to a POSC for the infant. This includes follow-up care for a withdrawing infant, services to support the mother in recovery, the mother’s identification of who might assist in respite during time of stress, use of recovery supports, and a care plan for the infant in case of relapse. Plans will also include a plan for safe sleep.

Diagnosed cases of neonatal abstinence syndrome (NAS), as mandated by KRS 211.676, must also be reported to DPH, who publishes statistical data on an annual basis. The department formed a task force to address services to substance-affected newborns and ensure collaboration among the different departments within the agency. DBHDID is leading a workgroup to address and recommend POSC in regards to appropriate assessment of mothers and children completed by the hospital, particularly in cases where the child welfare agency did not initiate an investigation. The task force includes representatives from DPH, DCBS, DBHDID, MCOs, HANDS, health departments, hospitals, etc. The workgroup continues to make progress in two pilot sites in larger metropolitan areas with hospital and CMHC involvement. The sites focus on developing POSCs for children and mothers in cases that do not meet acceptance criteria for DCBS. The group’s focus has been to approach the POSC as a system of care and connecting families to supportive services.

In 2017, a grant was secured by DBHDID for Kentucky’s 14 statewide CMHCs to conduct trainings with appropriate local community partners. The trainings were well attended and presented as a collaboration of efforts to highlight the POSC as a community response. The trainings consisted of topics related to substance affected infants and neonatal abstinence syndrome, adverse childhood experiences scores/trauma, substance abuse, medication-assisted treatment, systems of care, motivational interviewing (MI), etc. DCBS program staff also presented a segment of the training, and appropriate local DCBS staff attended. Additionally, DCBS’s nine service region administrators have joint meetings with the CMHC substance/treatment providers to focus on initiatives in their local areas and build partnerships with one another, as well as
address needs within their respective communities. Because of these meetings, there has been great interest in two other areas of the state, which resulted in two additional pilot sites added under the direction of DBHDID. One site is located at Adanta (CMHC) in Somerset (within the Cumberland service region), and the other at Mountain Comprehensive Care Center (CMHC) in Prestonsburg (within the Eastern Mountain Service Region). In 2019, Jefferson and Fayette County’s pilot sites held POSC summits. The summits focused on how professionals serving pregnant and parenting families can be more recovery-oriented in supporting families with SUD.

In June 2017, the department implemented a new data point within TWIST that allows a referral to be designated as “Risk of Harm Neglect-Substance Affected Infant”. As Table 37 below illustrates, in 2019, there were 3,405 intakes with an allegation of child abuse and/or neglect and substance affected infant. Of those, 2,478 (72.8%) met acceptance criteria for an investigation or assessment, and 927 or 27.2% did not meet acceptance criteria.

| Table 37 |
|----------------|------|
| **CY 2019**    | #    |
| CPS Intakes w/ Allegations and Substance Affected Infant | 3,405 |
| CPS Intakes that Met Acceptance Criteria and Substance Affected Infant | 2,478 |
| Difference (Did Not Meet Acceptance Criteria) | 927 |

Table 38 demonstrates that of those reports that were screened in for an investigation or assessment, 1,112 (44.9%) resulted in a substantiated or services needed finding. Dispositions for those referrals with a substantiated or services needed finding are outline below.

| Table 38 |
|----------------|------|------|
| **CY 2019**    | #    | Percent    | Cumulative Percent |
| Close Referral | 189  | 17.0      | 17.0              |
| In-Home Ongoing Case | 675  | 60.7      | 77.7              |
| OOHC Ongoing Case | 248  | 22.3      | 100.0             |
| Total           | 1,112| 100.00    |                   |

In 2017, Kentucky developed a PIP in conjunction with the Children’s Bureau to address missing elements of Kentucky’s POSC. In the PIP, the agency addressed gaps in SOP and training for field staff. DCBS program staff completed trainings for all nine service regions in January through March 2018 regarding the DCBS response to the POSC requirement. Kentucky’s POSC SOP can be found at [SOP 1.15 Working with Families Affected by Substance Misuse](#). Kentucky successfully completed the PIP and received a closure letter May 2018.

### Human and Sex Trafficking

Kentucky passed House Bill 3 during the 2013 legislative session, and the Safe Harbor Law went into effect in June 2013. Kentucky statute defines human trafficking in [KRS 529.010](#) as criminal activity whereby one (1) or more persons are subjected to engaging in: (a) Forced labor or services; or (b) Commercial sexual activity through the use of force, fraud, or coercion, except that if the trafficked person is under the age of eighteen (18), the commercial sexual activity need not involve force, fraud, or coercion. [KRS 600.020](#) defines abuse and neglect for individuals under the age of 18. The state does not plan to extend this definition to include young adults (age 18-24). The department’s duties related to children who are victims of human trafficking are outlined in [KRS 620.029](#). Statute further states that minors/victims who are under the age of 18 and are identified as victims of sex or labor trafficking are to be treated as victims as opposed to being prosecuted for criminal matters related to these offenses/crimes. In response to the Safe Harbor Law, the department implemented training for new and existing department employees. Training for existing employees is delivered through a web-based
platform. Human trafficking components are included in the academy training for new employees, which is provided in collaboration with the department and the EKU Training Branch. Through these trainings, staff receive information on identifying, assessing, and addressing human trafficking for victims under the age of 18. The department continues to collaborate with community agencies to educate the community, law enforcement, and other providers, as well as department staff. There are various other training and education opportunities throughout the community and hosted by various providers such as the Kentucky Attorney General's Office, PCAK, Catholic Charities, and state and local human trafficking task forces. Division staff continues to attend statewide task force meetings, and the department has representation on local task forces for coordination of work at the local level. Additionally, the department modified its procedure to include the definition of sex and labor trafficking, the inclusion of a child protection and law enforcement response to human trafficking allegations, and to include non-caretakers and caretakers of minors as alleged perpetrators (SOP 2.15.9; SOP 2.3). The Kentucky Multidisciplinary Commission on Child Sexual Abuse has updated the state’s multi-disciplinary team protocol to include the presentation of child human trafficking investigations involving commercial sexual activity.

The department updated its investigative template and TWIST screens to indicate whether an individual is a victim of human trafficking, as well as to distinguish between labor and sex trafficking. The department publishes an annual human trafficking report to the Legislative Research Commission (LRC), which includes data on demographics, trends, and case findings in regards to human trafficking reports. Across the state, community partners utilize the report to guide practice for service delivery to victims of human trafficking. The report is posted online annually and can be found on the divisions’ public facing website at https://chfs.ky.gov/agencies/dcbs/dpp/cpb/Pages/default.aspx.

During 2019, the department collaborated with Dr. Jennifer Middleton (UofL) and associated research assistants on Project PIVOT (Prevention and Intervention of Victims of Trafficking). This project is funded by a two-year grant from the Kentucky CJA Task Force. The primary goals of Project PIVOT are to increase awareness of human trafficking in the child welfare population and to improve the ability of systems to respond to human trafficking in the child welfare population in a way that limits additional trauma to the child victim. Researchers reviewed 582 child protective services cases (reporting period 2013-2018) aiming to answer the question: What happens to child trafficking cases in the child welfare system? Researchers also reviewed child trafficking screening and identification tools to assist in the development of a statewide screening tool. The goal is to develop and implement a Trafficking Policy and Advising Consortium (TPAC) to enhance cross-agency interactions, facilitate better communication related to child trafficking cases, and work collaboratively to close existing gaps in services for child trafficking victims. Preliminary data from the first year was finalized in November 2019, and shared with the Statewide Human Trafficking Task Force in December 2019. The department anticipates receiving the final report in late spring 2020.

Kentucky is not requesting technical assistance in regards to the implementation of the amendments to CAPTA made by the Justice for Victims of Trafficking Act of 2015.

**Information on Child Protective Service Workforce**

CAPTA requires states to report information regarding its personnel who are responsible for intake, screening, assessment, and investigation. In Kentucky, workers do not experience differences in classification (job title), core curriculum training, or pay based on caseload type. Some workers do carry entirely investigative caseloads; however, any worker could be tasked with an investigation since the agency’s expectation and design is towards a generic workforce. The direct line of leadership supervising an individual position has the flexibility to task specific individuals or create teams of specific individuals who only do investigations for efficiency. However, there are regional and county situations where every worker is generic, or at least flexible, and carrying a mixed caseload of investigations and ongoing at any given time. Thus, the state’s data system does not separate worker data based on specialty, since the system is designed to consider every position generic.
Education, qualifications, and training requirements established by the state for child protective service professionals, including for entry and advancement in the profession, including advancement to supervisory positions.

Department personnel are organizationally aligned by their class title. A class title encompasses the duties and the qualifications, education, and training requirements considered necessary to execute the duties successfully. For each class title, the duties and qualification requirements are described by the class specification. For all of state government in Kentucky, class titles and class specifications are established by the Personnel Cabinet in conjunction with the agency or agencies that uses the class title to deploy any part of its workforce.

Any applicant may theoretically enter the state’s system at any classification, as long as he or she meets the minimum requirements as depicted on the class specification, is selected by the designated interview panel for that individual vacancy, and is ultimately appointed by the state’s appointing authority. Child protective services workers, (i.e., caseload carrying workers, regardless of whether they work as an investigator, an ongoing worker, or a generic worker) are classified under four distinct titles, which are separated, based on the minimum requirements necessary to qualify under any title. Caseload-carrying workers and immediate supervisors are listed below and linked to their class specification information on the Kentucky Personnel Cabinet website.

- Social Service Worker I
- Social Service Worker II
- Social Service Clinician I
- Social Service Clinician II
- Family Services Office Supervisor

Regions have the flexibility to deploy their leadership team based on the strengths of the personnel in regional positions. In some areas, administrator associates and clinical associates supervise personnel and casework. In other areas, administrator associates may only supervise personnel while the clinical associate is most often the line of authority for case decision-making. Ultimately, regional structures guarantee that there is an associate available, with the necessary education and experience, to guide casework decisions. Regional positions that supervise cases are cited below in increasing order. Positions on the same row are of the same pay grade. These positions generally work under the next applicable grade level:

- Service Region Administrator Associate  
- Service Region Administrator
- Service Region Clinical Associate

Additional positions, designed to perform a variety of clinical, direct service, or administrative functions—but who do not carry or supervise a caseload, are listed in increasing rows based on their level of responsibility within the agency:

- Social Service Specialist (regional and central office position)
- Human Service Program Section Supervisor
- Human Service Program Branch Manager
- Assistant Director
Class titles are represented in Table 39 as potential promotional paths for workers who may wish to promote upward, depending on their desire to supervise personnel and/or supervise cases. All classifications are listed directly under the entity that is responsible for their direct supervision.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Field Personnel and Supervision</th>
<th>Central Office Personnel and Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>Service Region Administrator</td>
<td>Assistant Director</td>
</tr>
<tr>
<td>17</td>
<td>Service Region Administrator</td>
<td>Assistant Director</td>
</tr>
<tr>
<td>16</td>
<td>Family Services Office Supervisor</td>
<td>Human Service Program Branch Manager</td>
</tr>
<tr>
<td>15</td>
<td>Social Service Clinician II</td>
<td>Human Service Program Section Supervisor</td>
</tr>
<tr>
<td>14</td>
<td>Social Service Clinician I</td>
<td>Social Service Specialist</td>
</tr>
<tr>
<td>13</td>
<td>Social Service Worker II</td>
<td>Social Service Specialist</td>
</tr>
</tbody>
</table>

*Leadership positions above a grade 18 are non-classified, i.e., appointed by the current administration.*

Demographic Information and Education, Training, and Qualifications of Workers

The tables below provide demographic information for caseload workers and their supervisors. For the purpose of this report, “workers” refers to anyone working under the following classifications: Social Service Worker I, Social Service Worker II, Social Service Clinician I, and Social Service Clinician II.

**Demographic Information Tables and Discussion**

The demographic information presented in Table 40 indicates that nearly three-fourths of the cabinet’s workers have five or less years of experience and approximately 64% of workers are over the age of 30. Workers are supported by supervisors who are predominantly characterized by more than 10 years of experience, and less than half possess a Master’s Degree.

<table>
<thead>
<tr>
<th>Age (% at indicated increments)</th>
<th>Gender</th>
<th>Years of Service (% at indicated increments)</th>
<th>Educational Background (% with degree by degree type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;21:</td>
<td></td>
<td>87.1% female</td>
<td>100% Bachelor’s</td>
</tr>
<tr>
<td>21 – 30 years:</td>
<td></td>
<td>12.9% male</td>
<td>12.7% Master’s</td>
</tr>
<tr>
<td>31 – 40 years:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41 – 50 years:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50+ years:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown:</td>
<td></td>
<td>.2%</td>
<td></td>
</tr>
<tr>
<td>Supervisors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 – 30 years:</td>
<td></td>
<td>86.9% female</td>
<td>100% Bachelor’s</td>
</tr>
<tr>
<td>31 – 40 years:</td>
<td></td>
<td>13.1% male</td>
<td>41.9% Master’s</td>
</tr>
<tr>
<td>41 – 50 years:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50+ years:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
% of front line workers with >= 3 year experience 49.2%

The workforce is largely Caucasian, consistent with the state’s racial composition. A side-by-side comparison of worker racial demographic with statewide characteristics is presented in Table 41 below.

Table 41

<table>
<thead>
<tr>
<th>Race (% of staff identifying themselves as having a particular race)</th>
<th>Statewide Racial Composition 2010 US census data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workers: 66.0% Caucasian 9.3% African-American 16.8% Not Specified 3.9% Unknown 2.7% Other 1.1% Hispanic 0.1% Asian 0.2% American Indian</td>
<td>89.6% Caucasian 07.9% African American 02.7% Hispanic 01.1% Asian 01.1% Biracial 00.3% American Indian</td>
</tr>
<tr>
<td>Supervisors: 84.7% Caucasian 12.0% African-American 00.7% Hispanic 1.5% Not Specified 00.7% Other 00.4% American Indian</td>
<td></td>
</tr>
</tbody>
</table>

In 2019, the department’s Training Branch provided approximately 794 scheduled training events resulting in 9,910.25 hours of training credit for 4,285 individual department employees.

Specific information about personnel training rates is included below for 2015 through 2019. The agency’s core curriculum was implemented in 2001, with revisions to the training format and course names in 2012. The department’s new and modified training worksheets for 2019 are available at the following link: APSR Training Documents.

Advanced P&P Supervisory Series Completion Rates for Supervisors, Calendar Year

<table>
<thead>
<tr>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
<td>21</td>
<td>4</td>
<td>14</td>
<td>10</td>
</tr>
</tbody>
</table>
### Academy Completion Rates for Case Workers, Calendar Year

<table>
<thead>
<tr>
<th>Course Name</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>PP Academy (Intro to KY Child Welfare Sys)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Foundations: Acceptance Criteria and Medical Indicators of Child Maltreatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Foundations: Assessing Safety and Risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Foundations: Core Principles</td>
<td>396</td>
<td>352</td>
<td>376</td>
<td>283</td>
<td>269</td>
</tr>
<tr>
<td>PP Academy (Partnership)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Partnership: Assessment, Documentation and Court</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Partnership: Collaborative Practice</td>
<td>380</td>
<td>382</td>
<td>375</td>
<td>325</td>
<td>311</td>
</tr>
<tr>
<td>PP Academy (ESP)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Case Management: OOH C Case Planning and Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Case Management: Permanency Options</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Case Management: Case Planning</td>
<td>373</td>
<td>389</td>
<td>355</td>
<td>366</td>
<td>290</td>
</tr>
<tr>
<td>PP Academy (CSA)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Assessment and Case Management of Child Sexual Abuse: Part I</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Assessment and Case Management of Child Sexual Abuse: Part II</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Assessment and Case Management of Child Sexual Abuse: Part III</td>
<td>330</td>
<td>361</td>
<td>333</td>
<td>367</td>
<td>256</td>
</tr>
</tbody>
</table>

Data from tables 42 and 43 reflects the number of staff (separated by supervisor and worker) who have completed the academy training for calendar years 2015 through 2019. A new academy is offered each month, which is considered a new cohort of allotted 30 new hires per session. Some academy cohorts have been expanded each month to accommodate more than the 30; and in some months, the state has offered multiple academies to accommodate the increase of new hires. It should also be noted that the individuals represented here might not be currently employed with the state. Due to high turnover, many individuals complete training; however, do not remain employed in the years following.

**Caseload or Workload per Worker and Supervisor**

Caseload or workload requirements for all workers, regardless of an internal specialization, are prescribed by statute: [KRS 199.461 Monthly regional, county, and statewide caseload average for social service workers -- Requirement of report if average in excess of specified quantity.](https://www.lrc.ky.gov/krs/199.461)

1. As used in this section, "social service worker" means a social worker employed by CHFS, DCBS, to provide direct casework services in foster care, child protection, juvenile services, or adult protection.
2. As used in this section, "active case" includes the total number of cases for which the family service worker has responsibility.
3. The monthly statewide caseload average for social service workers in the area of foster care, child protection, juvenile services, or adult protection shall not exceed 25 active cases.
4. Nothing in this section shall prevent the department or a social service worker from handling emergencies to carry out statutory mandates. If the monthly regional, county, or statewide caseload average for social service workers exceeds 25 active cases for 90 consecutive days, the department shall report the fact to the Governor and to the Legislative Research Commission together with a description of the factors contributing thereto and shall make recommendations related thereto. The report shall include, by county and region, social service worker caseload...
averages; the number of established social service worker positions; and the number of vacant social service worker positions.

B. Health Care Services, Coordination, and Oversight for Children in Foster Care
The past two years have seen several advances in Health Care Oversight and the division’s Clinical Services Branch is beginning to capture data to reflect results.

Psychotropic Medication Oversight
Kentucky currently has a Tableau dashboard for oversight of psychotropic medication prescribed to children in OOHC. The Tableau application allows the user to select variables of interest to query the data about utilization. Variables available include age, sex, class of medication, number of medications per child, and combinations at the macro level.

Medicaid’s pharmacy claims data for children in OOHC uploads into Tableau on a quarterly basis. Tableau then allows for a user-friendly interface and visually appealing presentations. In addition to pharmacy claims data from Medicaid, the Children’s Review Program (CRP) reviews clinical information and data on children in foster care and refer cases to the department’s medical director.

The primary activity related to psychotropic medication oversight is currently case consultation with the prescriber. During the final three quarters of 2019, the medical director completed 18 psychotropic medication oversight consults. These calls generally include the DCBS medical director, the prescriber, other member(s) of the child’s treatment team, the child’s assigned caseworker, and a member of the Clinical Services Branch.

Health Care Oversight & Medically Complex Foster Care
The medical director continues to work to develop a Tableau dashboard to assist in monitoring physical health issues. This new dashboard will include a variety of data points and measurements to assess how well the department is meeting the healthcare needs of children in OOHC. A selection of the measures for examination include well baby/child appointments; vaccination schedules; and emergency department visits. Although this dashboard is still in development, testing has shown promising results.

Kentucky typically has 200-210 in OOHC at any point in time that are deemed medically complex. Nurse service administrators within the Clinical Services Branch assign the medically complex designation to children in OOHC with complex medical needs. In 2019, for the first time in over six years, the Clinical Services Branch has two full time nurses that administer the medically complex foster care program. Having two full time nurses allows for adequate back-up capacity and doubles the capacity to consult with frontline staff and providers for foster children. Additionally, nurses are available as a resource to educate staff in the field and in central office.

The nurse service administrators collaborate with UK’s TRC on training for medically complex foster parents. These nurses provide portions of the training curricula and provide opportunities to be acquainted with prospective medically complex foster parents. This training process allows for added comfort for prospective foster parents and additional nurse familiarity with foster parents that will be caring for very vulnerable children.

Behavioral Health Consults
Behavioral health consults with frontline staff continue to be one of the largest outputs of the Clinical Services Branch. Table 44 outlines the volume of consults in 2019. The branch has two psychological associates and one licensed clinical social worker/branch manager. Behavioral health consults occur mainly via conference call and typically include foster care or residential agency staff, hospital staff, case managers from MCOs, and typically the frontline worker and supervisor. Topics of the consults include assessment and priority of treatment needs; identification of gaps in services; diagnostic
clarification – including referral for testing; discharge planning; and other topics related to meeting the behavioral health needs of children in OOHC.

Table 44

<table>
<thead>
<tr>
<th>Month</th>
<th># of Consults</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>90</td>
</tr>
<tr>
<td>February</td>
<td>105</td>
</tr>
<tr>
<td>March</td>
<td>89</td>
</tr>
<tr>
<td>April</td>
<td>79</td>
</tr>
<tr>
<td>May</td>
<td>85</td>
</tr>
<tr>
<td>June</td>
<td>77</td>
</tr>
<tr>
<td>July</td>
<td>62</td>
</tr>
<tr>
<td>August</td>
<td>62</td>
</tr>
<tr>
<td>September</td>
<td>65</td>
</tr>
<tr>
<td>October</td>
<td>90</td>
</tr>
<tr>
<td>November</td>
<td>86</td>
</tr>
<tr>
<td>December</td>
<td>56</td>
</tr>
<tr>
<td>Average Per Month</td>
<td>73.4</td>
</tr>
</tbody>
</table>

The department has made edits to the Health Care Services, Coordination, and Oversight for Children in Foster Care plan that was submitted with the 2020-2024 CFSP. The updated plan is attached (Attachment 8) and updates are denoted in bold red for additions and red strikethrough for deletions.

C. John H. Chafee Foster Care Program for Successful Transition to Adulthood and Education and Training Vouchers

The department has the authority to prepare the plan for the John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program) and is the sole state agency responsible for administering the title IV-E program. The department will be responsible for administering the Chafee Program and the Education and Training Voucher (ETV) Program. The department will cooperate with national evaluations regarding the effects of the programs implemented.

Description of Program Design and Delivery

The Kentucky Chafee program mandates that all foster children, ages 14 and above, receive independent living services, regardless of permanency goal. The Chafee program also identifies children likely to remain in foster care until age 18 and assists them in making the transition to self-sufficiency by providing support for activities related to completion of their high school education, post-secondary education or job training, career exploration, vocational training, job placement and retention, skill-building for daily living tasks, budgeting and financial management skills, substance abuse prevention, and preventive health activities. The program provides personal and emotional support by connecting children with caring adults who include Chafee program personnel, foster parents, PCC personnel, and department personnel. For youth ages 18 to 23, the department ensures the provision of appropriate support and services to complement the youth’s own efforts to achieve self-sufficiency. The program encourages participants to recognize and accept responsibility in preparing for and then making the transition from adolescence to adulthood. The program provides corresponding assistance with regard to finances, housing, counseling, employment, education, and job training.

Chafee and ETV services are provided on a statewide basis by 12 regional independent living specialists, one central office independent living project administrator, and two central office support staff. Services are also provided through several contracted providers. Referrals for Chafee services may be submitted to the regionally based independent living specialists by foster parents, workers, or private contractors. In addition, department personnel are also available to assist youth in
completing and submitting applications. Effective February 1, 2013, within 90 days prior to the youth attaining age 18, a meeting, facilitated by the independent living specialist, must occur to further discuss transition planning. The youth should be supported in making well-informed decisions about his or her future, transition to adulthood, well-being, and other aspects of his or her case and permanency planning (42 USC 675 (5)(H)). The plan is developed during the transitional meeting during which time the independent living specialist discusses in detail opportunities available to the youth as well as eligibility of benefits and services. Benefits and services under Chafee and the ETV program are made available to Native American children on the same basis as to other children in the state. The few youth of Native American or Alaskan descent in OOHCl are specifically tracked and targeted for appropriate services. Chafee program personnel maintain contact with youths’ families, as well as representatives of community partner organizations involved with Native American or Alaskan families. Disabled youth are assessed for specific needs and are assisted with making appropriate referrals to programs that will meet their needs. Disabled youth are assisted with finding ways to remain in the community and in the least restrictive placement.

Central office personnel determine eligibility based on an objective criterion related to the age of the youth and his or her commitment status. Chafee program personnel and all contractors are required to enter tracking and progress information on each youth they serve. Services include a gift card for completion of the state independent living curriculum, room and board placements, the Fostering Success Program, the Tuition Waiver for Foster and Adopted Children, the ETV, education assistance for youth residing in college dorm settings or pursuing post-secondary vocational training, youth development funds, aftercare services, milestone incentives and the earn and learn incentive. Foster parents, PCC personnel, and youth also participate in the delivery of these additional service activities as appropriate. Regional and central office program personnel facilitate room and board placements for youth, as well as financial assistance for post-secondary training and education. Department personnel work with youth who want to move out of state after they exit the foster care system and approve eligible services in Kentucky. The program provides Chafee youth the opportunity to develop marketable employment skills through its statewide workforce initiative, Fostering Success.

To ensure awareness of the program, department personnel work to maintain a relationship with community-based organizations that serve youth. The Chafee program maintains relationships and collaborates with community partners, PCC agencies, and secondary and post-secondary educational institutions through regional meetings, board representations, grant writing, trainings, and various other avenues of communication. The program also maintains the KY RISE (Resources for Independence Success & Empowerment) portal, a one-stop shop for transition-age youth and supporters to locate information regarding the Chafee service array and other resources available to current and former foster youth.

Chafee program training opportunities are available statewide and on an ongoing basis. Training regarding available independent living services is routinely provided to foster and adoptive parents, department and PCC personnel, community partners, youth, and other interested parties. Chafee program personnel usually conduct general program information and training targeted for specific populations. The curriculum elements include strategies for successful independent living transition after commitment. A new training was developed with the department’s Training Branch and was made available January 2013. The training was designed for new staff working in the department in order to enhance staff knowledge of cases involving youth. The training includes information in regards to timeframes, permanency hearings, how to write court reports involving these youth, the purpose and process of the foster care review board/processes, steps required in a TPR hearing, independent living services and transitional living plans, reunification, trial home visits, case closure, and aftercare plans. The department also provides a web-based training in regards to the reasonable and prudent parent standards, which includes allowing foster youth to complete tasks that their peers would, such as babysitting and mowing. Pre-service training for foster parents also includes adolescent component.
The following age-specific services are available through the Chafee program:

**Youth ages 14 to 15**
Foster parents are trained to work with youth ages 14 to 15 in the home on soft skills such as anger management, problem-solving, decision-making, and daily living skills. Daily living skills include cooking, laundry, and money management.

**Youth age 16**
Youth age 16 are eligible for youth development funds and a $250 gift card for completion of the state’s independent living curriculum. The curriculum includes instruction on employment, money management, community resources, housing, education, and health-related issues, including health care proxies.

**Youth age 17**
Effective July 1, 2014, the independent living specialists facilitate the youth’s transition plan at age 17, within 90 days prior to the youth attaining age 18, and annually for youth on extended commitment. Within 90 days of the youth attaining age 18, a meeting, with an independent living specialist present, must occur to discuss transition planning. The youth should be supported in making well-informed decisions about his or her future, transition to adulthood, well-being, other aspects of his or her case, and permanency planning (42 USC 675 (5)(H)). This meeting is to be held independently of a case planning conference; although it may be held on the same day, it is important that this meeting is distinct and stands alone. The participants for a case planning conference may differ from those invited to attend the 90-day transition plan meeting. This meeting should be strengths-based and directed by the youth. The youth should have equal consideration to the adult voices during the meeting. The independent living specialist should assist the youth in identifying supports to attend the meeting and may include teachers, mentors, employers, family members, resource parents, and mental health providers. Every young person is provided a Foster Club FYI binder during the 90-day transition plan as a resource as they work to develop their plan to move toward self-sufficiency. The 90-day transition plans are tracked in the National Youth Transition Data Base (NYTD).

**Youth age 18 to 21 committed to the cabinet**
Youth age 18 to 21 who extend their commitment with the cabinet are eligible for a $250 incentive for completion of the state’s independent living curriculum, the earn and learn incentive, milestone incentive, youth development funds, education assistance, and a tuition waiver. Youth have until the age of 19 to request to extend their commitment with the cabinet to receive transitional living support.

**Youth age 18 to 23 who left care because they turned 18**
Youth age 18 to 23 who left care because they turned 18 are eligible for a tuition waiver, ETV, extended services and assistance with room and board.

**Education and Training Vouchers**
Eligible youth are those who aged out of care at their 18th birthday, were adopted on or after their 16th birthday, are enrolled in post-secondary education or a job-training program, and are maintaining academic eligibility or making satisfactory progress in program for either full- or part-time study. Eligible post-secondary programs include, but are not limited to two- and four-year institutions, cosmetology schools, certified nurse courses, and childcare certification courses. Effective December 30, 2015 youth are paid twice per year, (i.e., January and August) when enrollment verification in post-secondary study is received and progress is being made toward graduation. The student’s enrollment and academic eligibility are verified through the student’s official transcript. Payments are capped at $5,000 per year. Youth are eligible to receive the benefit for a maximum of five years or until their 26th birthday, whichever comes first. A budget, along with application, is completed and submitted to central office for approval. An amendment was made to 922 KAR 1:500 to remove the requirement for youth who are receiving ETV funds to complete the DPP-335 and to extend eligibility to age 26, for a maximum of five years. This aligns with the new verification changes and FFPSA.
Room and Board
Kentucky uses the entire 30% of Chafee program funds allowed to provide room and board services to aged out youth ages 18 to 23. The department contracts with the Community Action Council and the Kentucky Housing Corporation, both quasi-government agencies, to provide case management and housing vouchers to eligible youth for up to 12 months. Beginning August 2019, case management and room and board services are contracted exclusively through the Community Action Council. The participant population includes former foster care children, now ages 18 to 23, who aged out of foster care on or after their 18th birthday and are homeless or at risk of homelessness. “Homeless” may be defined as without any residence, residing in a shelter, residing in a place not meant for human habitation, or in receipt of a seven-day eviction notice. The participant is also able to access funds for establishing a household, to cover purchases including furnishings, linens, cleaning supplies, food, bus passes, etc. Room and board assistance is provided on a graduated scale for up to 12 months. The first three months rental assistance is provided at 100%. Months four through six, assistance is provided at 80%; months seven through nine, assistance is provided at 60%, months 10 through 12, assistance is provided at 40%. Participants also have the opportunity to earn incentives for the completion of program goals such as maintaining employment, completing an educational program, etc.

Extended Services
The department contracts with the Community Action Council to provide aftercare services to youth between the ages of 18-23, who left foster care at 18 years old or older. The purpose of the aftercare services is to support youth who have transitioned out of care in achieving self-sufficiency and stability. Aftercare services include emergency funding for room and board needs, assistance in completing a post-secondary or driver’s education program, assistance with purchasing a computer, clothing for employment, transportation, and a second chance scholarship to assist youth with satisfying debt in order to be eligible to return to college.

Medicaid Coverage for former foster youth ages 18 to 26
During this reporting period, Kentucky participated in the Medicaid expansion under the Affordable Care Act, which allows youth who are in foster care on their 18th birthday to maintain eligibility for health care coverage until the age of 26. Youth who exit the state’s care after their 18th birthday will need to reapply. They can do so through a local family support office with the assistance of their regional independent living specialist.

Additional Services
In addition to the previously mentioned services, there is a variety of other support programs that Kentucky has made available to the transitioning youth population and include:

- **Youth Development Funds:** Youth development funds are available to youth in OOHC between the ages of 14 to 21 years old to support their participation in extracurricular and enrichment activities. These funds are made available when other funding sources have been explored and exhausted. Funds may be used to support youth in completing a driver’s education program, purchasing transportation, preparing for employment or college, accessing tutoring or completing an educational program, purchasing a computer, or resolving debt in order to return to a post-secondary program.

- **Earn and Learn Incentive:** The earn and learn incentive provides a $250 gift card to transition age youth in OOHC who complete a vocational or short-term training program and earn the industry recognized credentials.

- **Milestone Incentive:** Youth on extended commitment have an opportunity to earn an annual milestone incentive for completion of tasks that show their progression toward independence and self-sufficiency, such as completion of a financial literacy program, maintaining employment, academic progress in a post-secondary educational program, etc.
Fostering Success: Fostering Success is a 10-week workforce development initiative sponsored by DCBS that provides current and former foster youth the opportunity to participate in a paid internship while receiving personal development and career planning support. Fostering Success is funded through Chafee funds. The program was developed in 2016 at the direction of former Governor Matthew Bevin. The cabinet had been supporting a youth summer employment program through the state’s TANF block grant for multiple years. The geographical area served has historically been Jefferson County, and foster youth were one of the youth populations of service priority. In spring 2016, given their investment in child welfare, former Governor Matthew Bevin and his leadership team desired a more concerted effort for foster youth and of benefit to local DCBS offices throughout the state. In late April 2016, the cabinet was charged with redirecting its programming and developing a summer youth program targeting current and former foster youth across Kentucky whose jobs would be stationed within local DCBS offices.

Eligible youth are those between the ages of 18 and 23 who have obtained a high school diploma. The regional independent living specialists collaborate with the local child protective services workers, PCC agencies, and other community partners to recruit participants. The youth experience the state hiring and employment process like any other state employee. After application, interview, selection, and job acceptance, the youth is placed as an office support assistant I (interim position) in local DCBS offices.

The second year of Fostering Success began on June 1, 2017. In addition to working in local DCBS offices, this year several participants across the state also worked within other departments including guardianship, adult protective services, OLS, and the Commission for Children with Special Health Care Needs. The program collaborated with Kentucky Works to provide a two-day job readiness training. The program also collaborated with True Up to provide weekly professional development and financial literacy “Lunch and Learn” workshops for participants in three regions across the state. High-performing youth were given the opportunity to extend their participation up to nine months. In 2017, 80 youth participated in the Fostering Success Program. Sixty-one (61) of those participants completed the entire 10-week program and 38 of those youth were given extensions to remain in the program up to nine months.

In 2019, the program contracted with an employment agency to expand worksite opportunities to other state cabinets and local businesses. The program also contracted with UK to employ job coaches who facilitated weekly professional development workshops, as well as provided one-on-one guidance and support to participants. The program also contracted with UK to employ a placement coordinator who worked to expand opportunities for participants by bringing on new businesses and agencies as worksite providers.

- **Education Assistance:** Youth age 18 to 21 who extend their commitment with the cabinet to receive transitional living support are eligible for education assistance to attend college or vocational training. Education assistance can be used for expenses not covered by federal or other financial aid. Youth must fill out the Free Application for Federal Student Assistance (FAFSA), available online at [http://www.fafsa.ed.gov](http://www.fafsa.ed.gov). Education assistance is provided if other assistance types (federal aid, Kentucky educational awards and grants, and/or any other private scholarships) do not cover all expenses.

- **Tuition Waiver for Foster and Adopted Children:** Per [KRS 164.2841](http://www.fafsa.ed.gov), the tuition waiver for foster and adopted children waives tuition and mandatory fees at any Kentucky public university, technical college, or community college. Youth must fill out a FAFSA available online at [http://www.fafsa.ed.gov](http://www.fafsa.ed.gov). The tuition waiver is a last resort resource, provided if federal financial assistance, state awards and grants, and/or any other private scholarships do not meet all expenses.
The department received 837 tuition waiver applications during this reporting period. Of those, 639 were verified and approved as eligible applicants. Figure 10 below shows the number of applicants by service region, as well as those applicants found to be eligible and ineligible.

Figure 10

TUITION WAIVERS PER REGION
JAN 1 2019 - DEC 31 2019

- Youth Council: VOC is a statewide council comprised of youth 16 and older who had a foster care experience at the age of 14 or older. All of the youth are instrumental in speaking to resource parents, the department and private agency staff, and community partners about the issues and needs of youth in care and those who have aged out of the foster care system. VOC is involved with planning and coordinating activities for nine regional events, the annual statewide teen conference, and the legislature as needed. The group seeks to change negative stereotypes about youth in foster care, represent a united voice for all youth in foster care, and to create a speaker’s bureau of youth for public engagements. The council actively advocates for changes to state policy and legislation in order to improve outcomes for foster youth.

- The Kentucky Organization for Foster Youth (KOFFY): KOFFY provides an annual teen conference and 11 regional KY RISE events for youth ages 16 and older with opportunities for speakers, professional development trainings, and networking opportunities. The target population for the program events is youth between the ages of 16 and 21. The purpose of these events are to provide education resources for former and current foster youth, foster parents, and regional department staff regarding resources and opportunities for youth aging out of foster care. Concurrently, independent living skill training is provided to the attending youth’s resource parents. Annual educational events are also provided across the state. The purpose of the regional educational events is to expose current and former foster youth to the wide range of available post-secondary educational opportunities including formal college education and vocational, trade, and short-term training programs.

- Trust Funds: The state does not create trust funds to manage CFCIP or ETV funds. Upon entry into OOHC, the department determines if the child is, or should be receiving, any benefit such as Social Security. The department applies for benefits on the child’s behalf, if appropriate. If the child receives a payment benefit, the department completes and submits an appropriate change of payee action on behalf of the child. If the department becomes a payee for the child, the benefits are deposited into a trust fund account created for the child. If the child is entitled to
dedicated benefits that can only be utilized by permission of the Social Security Administration (SSA), that fact is observed in the trust fund arrangements. Regular benefits and dedicated benefits are not co-mingled in the same bank account. They are placed in separate deposits, but show on the same trust fund ledger under different headings. Each month, the department reviews the cost spent on the child and reimburses the state agency from the trust fund balance. If the child still in the agency’s custody/commitment, is placed home on a trial basis or with a relative, the SSA is notified that the caregiver should become the payee, and any balance trust fund is returned to SSA. If a child leaves custody, then SSA is notified and any appropriate benefits are returned to SSA with the name of a recommended payee.

• **Homelessness Prevention:** Kentucky recognizes youth homelessness to be a critical issue. The state continuously works with youth in transition to provide any available resources to prevent homelessness after exiting care. Kentucky has various partnerships with other entities throughout the state in an effort to combat homelessness in youth exiting care. These partnerships include the following:
  o In 2019, the department established a partnership with the Lexington Housing Authority to offer Foster Youth Initiative (FYI) housing vouchers to former foster youth between the ages of 18-23 who are homeless or at risk of homelessness. Participants are eligible for housing assistance and support services through the program for up to 36 months.
  o In 2018, the department established a partnership with Kentucky Housing Cooperation to provide Family Unification Program (FUP) housing vouchers to former foster youth across the state between the ages of 18-24 who are homeless or at risk of homelessness. Participants are eligible for housing assistance through the program for up to 36 months.
  o In 2017, the department collaborated with community agencies to develop the Coordinated Community Plan to Prevent and End Youth Homeless in the Southeastern Kentucky Promise Zone. The plan was a result of a grant provided by the United States Department of Housing and Urban Development to end youth homeless in eight rural Kentucky counties, which have been federally classified as experiencing persistent poverty. As part of the plan, the department developed targeted efforts to prevent homeless among former foster youth in this area.
  o The department contracts with Murray State University to provide professional development opportunities to transition-age youth. Murray State University plans and develops nine regional KY RISE events, nine regional educational events in Kentucky, and one statewide event each year: The Youth Empowerment Conference. The purpose of the Youth Empowerment Conference is to support at-risk youth with necessary skills and confidence to successfully navigate the transition to living independently. The conference aims to empower participants with positive attitudes, access to resources, and skills to overcome challenges of the past and be better prepared to successfully face the challenges of the future. To better consider the needs of all participants, the conference planning committee has expanded to include members representing the Children’s Alliance, True Up, and Kentucky Partnership for Families and Children. Homelessness is an area of focus based on statistics and the realities of foster youth who transition out of care. The purpose of these events is to provide an opportunity for current foster youth to network with resources and peers while gaining valuable information related to transitioning from foster care to living independently, including options for housing. The purpose of the educational events is to expose current and former foster youth with the array of available post-secondary educational opportunities understanding that education is a key factor is escaping the cycle of poverty, avoiding homelessness and achieving housing stability.
  o Kentucky has a staff of 12 regional independent living specialist who work directly with youth in their designated counties. A significant amount of the independent living specialist’s job responsibilities is to facilitate transition plans for youth beginning at age 17 within 90 days prior to a youth turning 18 years old, and annually for youth on extended commitment. One of the most important pieces of the transition plan is to discuss the youth’s housing plans once the youth leaves care. This provides the youth an opportunity to plan for his or her future and to work with the independent living specialists to discuss available options and resources such as public housing and community resources in their area.
The department has collaborated with Transition Age Youth Launching Realized Dreams (TAYLRD). TAYLRD is a federally funded initiative aimed to positively affect the lives of Kentucky’s 16 to 25 year-olds who have, or are at-risk of developing, behavioral health challenges. By improving access to culturally- and developmentally-appropriate supports and services across the state, TAYLRD hopes that all young people in the state of Kentucky can access a seamless array of high-quality services that will help them achieve their goals and reach adulthood successfully. One of the purposes of TAYLRD is to assist young people who are experiencing or facing homelessness. The TAYLRD staff works with the young people on securing housing and employment.

The department contracts with the Community Action Council to provide housing and support services to youth who have aged out of care at age 18 or older. The state contracts with the Community Action Council to provide the Chafee room and board services to young adults between the ages of 18 to 23 who are homeless or at risk of homelessness. Participants can receive up to 12 months of rental assistance and support services through the program. The state also contracts with the Community Action Council to provide extended services to youth between the ages of 18-23 who have transitioned out of care. Extended services include funding to assist youth who are experiencing a crisis, which puts them at risk for experiencing homelessness. The funds used for this contract are part of Kentucky’s Chafee grant. The Community Action Council provides assistance across Kentucky to include rental assistance in the Lexington and surrounding counties. The Community Action Center also collaborates with the Louisville Metro Government Homeless Prevention Program and Neighborhood Places.

The department offers an independent living curriculum to youth in OOHC between the ages of 16 and 21. The curriculum consists of six modules to include housing, community resources, healthy relationships, health, education, and employment. Youth receive an incentive when they complete the independent living curriculum.

Operation Care in Shelby County is a non-profit organization providing housing for female youth who are transitioning out of care and looking for another option other than recommitment to the cabinet. Limited space is available; however, the program has served nine counties in the Salt River Trail region.

The department partners with The Homeless Prevention Project, which operates in two areas of the state: Louisville and the Lake Cumberland region. They provide case management services to people coming out of state institutions such as prisons, mental hospitals, and foster care. The case managers work with the participants to access a variety of services, which include housing and employment.

The department is part of a collaborative initiative of various community partners and systems that work directly with transition age youth. The purpose of this workgroup is to decrease the possibility of homelessness, incarceration, hospitalization, or other out-of-home placement and high school dropout rates for Kentucky’s youth.

The department collaborates with the organization True Up. True Up is an initiative to empower young people transitioning from OOHC to become self-sufficient. True Up’s focus is to connect foster youth to the right resources and agencies to make the changes needed to become self-sufficient. Homelessness is one of many areas True Up champions by collaborating with various PCC agencies and the department on projects to achieve better outcomes for youth who are aging out.

Stand Down/Project Homeless Connect, the biggest event for the homeless in Louisville, takes place on October 5 at the Salvation Army on Brook Street in Louisville.

Services specific to Jefferson County (Louisville) include:

- The department collaborates with YMCA Safe Place and YMCA’s Street Outreach Program (a runaway and homeless youth program); this program assists youth in accessing homeless shelters and provides case management. The program contacts the department if a former foster youth uses the center to determine if the youth is eligible for benefits such as Project Life, recommitment to the cabinet, and educational services/assistance.
- The department connects eligible youth who are exiting care with the Partnership for Families, a partnership between the department and Metro Housing to provide parents with open child support benefits.
protection cases with Section 8 vouchers. This allows parenting youth to leave care with permanent housing.

- The department collaborates with the Scholar House to connect eligible youth to the program, which provides Section 8 vouchers and case management.
- The department assists eligible youth in accessing Section 8 vouchers through the Center for Accessible Living’s Mainstream Program, which is a special Section 8 waiting list for those receiving Supplemental Security Income (SSI).

**Pregnancy Prevention:** As outlined in [SOP 4.55 Sex Education](#), the department facilitates provision of age-appropriate instruction regarding pregnancy prevention, as well as HIV/AIDS and disease prevention. It is expected, as a part of life skills classes, that youth will be educated on methods of prevention. In addition, the following opportunities are available to youth:

  - The department is currently in discussion of signing a memorandum of understanding with UofL to help identify foster youth to participate in a class titled, “Love Notes.” The Love Notes curriculum focuses on relationship skills for love, life, and work. The curriculum consists of 13 different lessons. One of the lessons focuses specifically on planning for choices to include preventing pregnancy and sexually transmitted diseases.
  - Murray State University has a resource fair at the annual Youth Empowerment Conference and invites the health department to have a booth focusing on preventing pregnancy and sexually transmitted diseases.
  - The Healthy Relationships Workshop was offered for the past two years at the Youth Empowerment Conference and included planning for choices related to preventing pregnancy.
  - The independent living coordinators discuss birth control options with youth during the development of transitional living plans.

**LGBTQ youth:** Currently, Kentucky has no specific policies in place that address the support or affirmation of the sexual orientation and gender identities of youth in care. However, staff are expected to help LGBTQ youth by:

  - Being particularly attuned to placing youth who identify as LGBTQ with foster families who are committed to providing a safe, supportive, and affirming environment for the young person while in care;
  - Being a link to support and safety;
  - Having the understanding and willingness to support the child’s social and emotional development while in foster care;
  - Assessing and serving the needs of each child without bias and to ensure the safety of all children in foster care;
  - Supporting the families of youth to ensure that the parents or guardians develop the capacity to address the young person’s needs in a healthy, understanding manner when the family is reunified; and
  - Obtaining more information and researching services as needed.

Services that are currently in place for LGBTQ youth include:

  - TAYLRD offers training at their drop-in centers focusing on LGBTQ awareness and education. The title of the training is “Genderbread.”
  - TAYLRD staff are very open to presenting the Genderbread workshop at conferences, to independent living coordinators, to private agency staff, or at any other transition age youth events to spread awareness and education on LGBTQ.
  - In the Jefferson region, there are several support groups for the LGBTQ community. These support groups are available as a resource to foster youth. The independent living coordinator and other community partners work in collaboration to coordinate this information to foster youth.
  - A workshop on human trafficking was presented at the youth empowerment conference and included information related to LGBTQ.
Currently, the department does not have a specific training related to the LGBTQ population for out-of-home caregivers and adoptive parents. However, the department has begun discussions around incorporating this into the existing foster parent training.

Department staff are required to complete the “Responding to the Impact of Implicit Bias” training. This training is designed for all department staff to create awareness of prejudice and discrimination and plan how to reduce these to provide better services to children and families. This training helps staff evaluate their own cultural characteristics and discover where their attitudes and beliefs about other cultures originated. Open discussion around the nine cultural groups help participants grasp how both unintentional and intentional forms of discrimination affects others. Participants are given several skills using the REDUCE model to help them reduce prejudice both personally and professionally. They practice these skills through role-play and develop an individual plan to behave differently in order to reduce prejudice and discrimination and serve families more effectively. Before leaving the classroom, participants create an action plan to help reduce prejudice as an agency, community, and individual.

**Service Activities and Statistics**

The department tracks independent living services in 11 broad categories: independent living needs assessment; academic support; post-secondary educational support; career preparation; employment programs or vocational training; budget and financial management; housing education and home management training; health education and risk prevention; family support and healthy marriage education; mentoring; and supervised independent living. Kentucky also captures information related to financial assistance provided, including assistance for education, room and board, and other aid. Table 45 presents ETV data for 2018-2019 and 2019-2020 school years.

<table>
<thead>
<tr>
<th></th>
<th>Total ETVs Awarded</th>
<th>Number of New ETVs</th>
</tr>
</thead>
</table>
| **Final Number: 2018-2019 School Year**  
(July 1, 2018 to June 30, 2019) | 124                | 42                 |
| **2019-2020 School Year**  
(July 1, 2019 to June 30, 2020) | 195                | 68                 |

*In some cases, this might be an estimated number since the APSR is due on June 30 (the last day of the school year).

**National Youth in Transition Database**

The National Youth in Transition Database (NYTD) was implemented on October 1, 2010. Personnel are actively entering data to track service provision. The state is now able to receive data. The implementation of NYTD has had a positive effect on the communication between the department’s social services workers and independent living coordinators in regards to tracking services for youth. The independent living coordinators also provide trainings to staff in the regions.

Kentucky has improved NYTD data collection by allowing the services be directly entered into NYTD. Previously, Kentucky required that the PCC agencies submit services rendered on checklists, and then manually entered the data. Additions were made to the NYTD user base to include PCC agency administrators across the state. Assigned PCC agency staff members have been given limited access to NYTD and have been trained to enter data reflecting the provided services. Social service workers, foster parents, and other community partners will continue to be asked to provide checklists to the regional independent living coordinator or central office reflecting the services they provided to youth each reporting period. Regional independent living coordinators and central office staff enter data to reflect the provided services for youth who are not placed within a PCC agency. Central office staff provides technical supports to PCC agencies and any
training necessary for new staff. The NYTD data is shared with stakeholders through a compilation of each reporting period’s outcomes. These outcomes are made available through the independent living program. The NYTD outcomes drive policy changes, identify needed training, and dictate the contractual-based services for youth. Based on NYTD outcomes, the Kentucky independent living program will begin offering more extensive services for youth ages 17 and older.

The NYTD survey focuses on the following outcomes: financial self-sufficiency, experience with homelessness, educational attainment, high-risk behaviors, access to health insurance, and positive connections with adults. During April 1, 2019 through September 30, 2019, the survey was administered to youth in foster care within 45 days after their 17th birthday, also referred to as the baseline population. Samples of the same youth were given the opportunity to complete a new outcome survey on or around their 19th birthday from April 1, 2019 through September 30, 2019. A sample of these same youth completed another survey on or around their 21st birthday during the April 1, 2018 through September 30, 2019 reporting period. The second cohort of 17-year-olds began to be surveyed on October 1, 2019 and continued through March 30, 2020. NYTD youth surveys are dispersed from central office by mail, email, or phone and all outcomes data is entered in central office. Youth receive a $10 gift card for completing and returning the survey at age 17. Youth receive a $20 gift card for completing and returning the survey at age 19. Youth receive a $40 gift card for completing and returning the survey at age 21.

Kentucky has not been scheduled for a NYTD review. Upon scheduling, Kentucky will notify stakeholders, including PCC agencies and independent living staff, of the review and ensure that all requested documentation of services provided to youth are available and entered into the system.

**D. Adoption and Legal Guardianship Incentive Payments**

In Kentucky, adoption incentive payments are used to support post-adoption placement stabilization services (PAPSS), adoption awareness campaigns, and fund regional adoption specialists’ positions devoted to facilitating timely permanency. PAPSS prevent children from re-entering foster care when experiencing serious emotional or behavioral disturbances. PAPSS is an optional and supportive service offered to adoptive parents on a voluntary basis. Adoptive parents receiving adoption assistance subsidies for a child adopted through the department may request services if the placement is close to disruption. These monies fund short-term residential placements without the adoptive parents having to relinquish custody to obtain needed treatment. No changes have occurred or are planned to occur regarding the use of adoption incentive funds during this CFSP. As of this submission, there are no concerns regarding expending these funds in a timely manner. Currently, Kentucky does not have a guardianship assistance program, therefore, does not receive legal guardianship incentive payments. The department, in its SFY 2020-2021 budget request to the legislature, requested funds to implement the guardianship assistance program. However, the department did not receive this allocation of funding. The department intends to request funding in future budget requests.

In 2019, the Adoption Branch established a new specialist position that focuses primarily on PAPSS cases. The adoption specialist provides consultation and guidance to front line staff when a potential disruption is identified. The adoption specialist tracks these cases and conducts periodic follow-up reviews depending on the specific circumstances of the case.

**E. Inter-Country Adoptions**

In Kentucky, inter-country adoptions are initiated through licensed PCPs, which are located throughout the state. Although dependent on the type of visa the child receives, inter-country adoptions are generally finalized in the country of origin. While some families do re-finalize their adoptions in Kentucky, there is no Kentucky statute or regulation that requires it. Adoption and post-adoption services are provided directly by the PCPs. These services include post-placement visits and progress reports, referrals to needed services and training for families. Additionally, all adoptive families can participate in the peer support group, Adoption Support of Kentucky (ASK). The cabinet’s oversight in these matters is discretionary. CHFS provides technical assistance to prospective adoptive parents, lawyers, private adoption agencies, biological parents,
and others involved in independent adoptions. Opening communication and providing more support in assisting all parties in completing the process has increased the quality of work and the timeliness of reports by workers.

In 2019, there were 23 foreign adoption certificates of registration processed. In order to receive the certificate, the adopted child must return to the United States with an IR-3 visa status. At present, Kentucky’s CCWIS does not include a mechanism for tracking the number of children who enter foster care following the disruption of an international adoption. Anecdotal reporting indicates that this number of children is extremely small; and in many reporting years, the anecdotal information suggests that no such children entered the state foster care system. The department plans to execute this modification in the future.

**F. Interstate Compact Reporting**

The Safe and Timely Interstate Placement of Foster Children Act of 2006 (Federal legislation H.R. 5403, P.L.109-239) resulted in the implementation of the ICPC Automated Reporting & Tracking Services database on October 1, 2006. This act established new timelines for interstate home study requirements to improve protections for children and to hold states accountable for the safe and timely placement of children across state lines, and for other purposes. Each state is required to complete and report on the interstate home study within 60 calendar days, with an incentive payment awarded to the state for each home study completed within 30 calendar days.

Implementation of NEICE occurred in Kentucky on June 17, 2019. NEICE is a cloud-based electronic system for exchanging the data and documents needed to place children across state lines as outlined by the ICPC. Launched in November 2013 as a pilot project with six states, NEICE significantly shortened the time it takes to place children across state lines, and saved participating states thousands of dollars in mailing and copying costs. Most states, including Kentucky, have found this to be a costly endeavor with an estimated annual fee for Kentucky of $25,000. In 2018, the NEICE memorandum of understanding was signed by all parties in Kentucky and was sent to the American Public Human Services Association for first party signature. The fully executed agreement was entered into the Procurement, Payables, and Asset Tracking System (PPATS) in order to pay the fees.

The Interstate Compact on Adoption and Medical Assistance (ICAMA) allows the department to continue to provide support to those families who are receiving adoption assistance and move to a different state. ICAMA is an agreement between and among its member states that enables them to coordinate the provision of medical benefits and services to children receiving adoption assistance in interstate cases. The Compact, which has the force of law within and among party states, provides a framework for uniformity and consistency in administrative procedures when a child with special needs is adopted by a family from another state, or the adoptive family moves to another state. Any time a family moves into or out of Kentucky, and they are receiving adoption subsidy and a medical card, the subsidy worker notifies the ICAMA deputy compact administrator, who then requests that the state the family moved to puts the child on a medical card. Kentucky continues to pay the subsidy and the family always has a subsidy worker in Kentucky until subsidy stops.

<table>
<thead>
<tr>
<th>Table 46</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Number of Studies Completed</strong></td>
</tr>
<tr>
<td>Studies Completed within 30 days</td>
</tr>
<tr>
<td>Studies Completed within 60 days</td>
</tr>
<tr>
<td>--------------------------</td>
</tr>
<tr>
<td>Total number completed</td>
</tr>
<tr>
<td>within 75 days</td>
</tr>
<tr>
<td>Studies completed after 58 1/2 days</td>
</tr>
<tr>
<td>Studies Still Outstanding</td>
</tr>
</tbody>
</table>

CFSR Item 36 (State Use of Cross-Jurisdictional Resources for Permanent Placements) was identified as an area needing improvement during Kentucky’s 2016 CFSR. A concern noted during the CFSR was that Kentucky is not completing home study requests received from other states timely, which delays the facilitation of permanent placement of children in Kentucky. As noted in Table 46, the data collected from the past two years indicates that over half of Kentucky home studies are completed within the 60-day timeframe. The extended period of time (through 75 days) did allow for the resolution of some additional cases; however, this only affected a small portion of the total number of cases. The majority of “late” cases were still overdue after the 75-day extension had expired. Kentucky does not track specific reasons for extension requests; however, anecdotal reporting indicates that staffing shortages and inability to make contact with the home study subject are prominent reasons for home study delays. When cases are overdue, Kentucky’s ICPC administrator maintains contact with the local field personnel, requests status updates, and monitors the assignment until completed by field personnel. Data for 2019 was gathered from two systems, the previous ICPC database and the new NEICE system. This data may include errors, as reports and data requests for the new system are still being developed and improved.

In 2019, 309 children were provided medical benefits and services under ICAMA. Kentucky received requests on behalf of 224 children in other states and 85 of Kentucky’s children were served through outgoing ICAMA requests in other states. This is a 21% increase from 2018. This increase is expected as more children qualify as eligible for title IV-E adoption assistance due to the 2008 Fostering Connections Act, with a projected date in 2025 that all children will be title IV-E applicable. All states are now members of ICAMA, with New York as an associate state. There are five states where there is not reciprocity for state funded adoption assistance; meaning in those states, children with state funded adoption assistance are not automatically eligible for a state issued medical card through ICAMA.

Kentucky has border agreements comprised of Kentucky’s Boone, Campbell, and Kenton counties with Hamilton County, Ohio. Kentucky also has border agreements comprised of the Kentucky counties of Christian, Trigg, and Todd with Montgomery County, Tennessee. There are no plans at this time to expand the Kentucky/Tennessee Border Agreement. Due to changes with Indiana’s ICPC, there have been no attempts to negotiate a border agreement with Indiana.

G. Coordination with Tribes and the Indian Child Welfare Act

There are no state or federally recognized tribal entities in Kentucky. However, there are two Native American groups in the state: The Southern Cherokee Nation of Kentucky and the Ridgetop Shawnee. The Southern Cherokee Nation filed a petition seeking federal and state status; however, the petition was denied at both levels. One of the main reasons for the denial is that there are no true tribal lands in Kentucky. Many tribes used Kentucky as hunting and burial grounds, but none claimed ownership. The Southern Cherokee Nation is now listed as a non-profit entity. The Ridgetop Shawnee have no plans to pursue federal or state recognition. As neither tribal organization has attained state or federal status, the department did not make specific efforts to share its CFSP or APSR. Neither the Southern Cherokee nation nor the Ridgetop Shawnee have recognized tribal governments and do not participate in Kentucky’s CFSR process regarding the Indian Child Welfare Act (ICWA). The department has not had specific consultations with tribes.
There have been continued attempts to invite both tribes to the CFSP Stakeholder CQI meetings. The Ridgetop Shawnee have not responded to the invitation. The chief of the Southern Cherokee Nation has stated that he could not attend the meeting due to funding.

The department is committed to the consistent and appropriate compliance with ICWA, as well as the education of agency personnel and resource parents about the law and cultural implications for Native American children in foster care. Designated staff participates in the State ICW Managers Workgroup, which includes monthly conference calls. An infrastructure of procedures that are designed to ensure compliance with the federal law has been fully integrated into the agency’s SOP, case review standards, and diligent recruitment activities. Designated staff provide technical support to agency personnel in conjunction with the agency’s OLS, as indicated. These standards have undergone revisions to reflect compliance with the updated Bureau of Indian Affairs ICWA Guidelines (effective December 2016) and to provide clarification to agency personnel. The department’s current SOP are as follows:

- The department’s SOP provides guidelines that reflect the protocols outlined in ICWA. **SOP 4.1 Consideration of Race and Ethnicity/Maintaining Cultural Connections** relates to the maintenance of cultural connections for families and children. It gives specific instructions for field staff to use to determine whether the child may be an Indian child. **SOP 4.2 Indian Child Welfare Act (ICWA)**, updated in 2013, outlines the steps to take once a child has been identified as eligible for services through ICWA. It also provides direction on the steps to take to comply with ICWA, as well as a link to ICWA. Field personnel also consult with the Federal Bureau of Indian Affairs (BIA) for assistance in determining whether identified children meet the federal definition of an “Indian child.” If the child enters the legal custody of CHFS or foster care, procedures require an assessment of the child’s background, a search to identify any absent parent, and a search to seek out relatives for possible placement. Once the department is aware of the possibility that a child may have Native American heritage, the determination of the child’s status is accomplished as quickly as possible. Protocol also gives specific direction on ICWA compliance, as well as a link to ICWA, for personnel who are engaged in direct service provision to a Native American child in state foster care. A link to 25 USC Chapter 21 is included in SOP.

- There is a designated ICWA contact in the department’s central office available to offer technical assistance to the service regions regarding the federal law. A central office contact participates in monthly conference calls with the State ICW Managers Workgroup facilitated by the Child Welfare League of America (CWLA).

- Title IV-B recruitment plan elements direct that states are to provide plans for the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed. The department devised targeted demographic and geographic recruitment strategies for resource homes for Native American children.

- The department continues to be available to staff for ongoing consultation regarding ICWA issues. A new SOP has been drafted to include that central office staff are provided with a copy of all tribal notification letters, in order to track all potential cases. These will be provided even when staff receive consultation from OLS. This SOP was released in October 2019.

In an effort to assist field staff in working with families that have Native American heritage, the resources below were made available on the SOP manual website effective in May 2010:

- **Indian Child Welfare Act (ICWA) Compliance Desk Aid**: This pamphlet provides information regarding the process of ICWA notification. This tool includes steps on notifying indicated tribal entities and the Bureau of Indian Affairs (BIA). Information included is as follows: how to determine if a child coming into OOHIC is a member of (or eligible for enrollment into) a recognized Indian tribe, federal law regarding the requirements for search and notification of Indian tribes, and preferences regarding placement of children of Native American heritage. This tool has been updated to reflect the new ICWA guidelines issued by BIA effective December 2016 and is currently in the review/approval process.

- **Letter to the Bureau of Indian Affairs**: This letter provides the information needed by the BIA when processing requests for assistance with identifying tribe affiliation for notification purposes. This descriptive letter allows the
worker to enter information into specific fields to ensure that all necessary information is sent to the BIA. This tool has been updated to reflect changes in the notification process as well as the new ICWA guidelines issued by BIA effective December 2016. The updates are currently in the review/approval process.

- **Letter to the Tribe**: This letter provides information needed by a specific Indian tribe when processing enrollment status. The letter is designed in a way that the social service worker may enter information into specific fields to ensure all necessary information is included when notifying a tribe that the cabinet has removed a possible tribal member or a child eligible for tribal enrollment. The social service worker sends this letter to the indicated Designated Tribal Agent. This tool has been updated to reflect changes in the notification process, as well as the new ICWA guidelines issued by BIA effective December 2016. The updates are currently in the review/approval process.

- **Link to the National Indian Child Welfare Association (NICWA)**: NICWA is the preeminent national Native organization focused specifically on the tribal capacity to prevent child abuse and neglect. NICWA works in six major, and often overlapping, issue areas: child abuse and neglect, the ICWA, foster care and adoption, children’s mental health, youth engagement, and juvenile justice. NICWA is a membership organization whose main constituencies are tribal governments, urban and reservation-based social service programs, and especially the frontline staff who work with Native children and families. As a 501(c)(3) nonprofit organization, NICWA receives funding from many different sources, including memberships; individual, tribal, and corporate donations; fundraising events; program contracts; curriculum sales; and foundation and government grants.

There is not a large Native American population in Kentucky (approximately 10,120 individuals; below 1% of Kentucky’s population). There are 7,964 Native American families in Kentucky. It should be noted that of these families, there is even a smaller number of Native American children represented. Families with individuals under age 18 were reported as 2,506 compared to families with individuals over the age of 18 being reported as 5,458. Hence, Native American heritage does not appear often in Kentucky child welfare cases. Cases where ICWA compliance would have been required were not present often enough in the sample to get a reliable assessment of state compliance in the past several years, resulting in a broad variance in the compliance percentage from year to year.

Since 2008, two questions on the CQI case review instrument measure compliance with ICWA standards. The first question asks whether the target child in the case was assessed for Native American heritage; and for those for whom Native American is assessed, the reviewer is asked to determine if the worker complied with ICWA standards.

Table 47

<table>
<thead>
<tr>
<th></th>
<th>Total Case Review Sample for the Year</th>
<th>Percent Assessed for Native American Heritage</th>
<th>Number of Cases Sampled in the Sample Where ICWA Compliance Was Applicable to the Review for the Year</th>
<th>Percent Compliance with ICWA Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>590</td>
<td>95.8%</td>
<td>85</td>
<td>69%</td>
</tr>
<tr>
<td>2017*</td>
<td>2,848</td>
<td>95.6%</td>
<td>413</td>
<td>71%</td>
</tr>
<tr>
<td>2018</td>
<td>607</td>
<td>95.3%</td>
<td>82</td>
<td>65%</td>
</tr>
<tr>
<td>2019</td>
<td>636</td>
<td>98.3%</td>
<td>53</td>
<td>79%</td>
</tr>
</tbody>
</table>

*2017 data used a different methodology and included both 1st and 2nd level reviews. All other years covered one year of 2nd level reviews each.

Table 47 indicates the number of cases selected for review from 2016 through 2019. There is meaningful comparison in the “Percent Assessed for Native American Heritage” and “Percent Compliance with ICWA Procedures” columns. When comparing percentage of cases assessed for Native American heritage, scores improved significantly with 95.8% compliance peak in 2016. From 2016 to 2017, the percent of cases that were assessed for Native American Heritage remained high.
(95.8% and 95.6%) and consistent, despite a marked increase in sample size in 2017. Additionally, there was a 2% increase in compliance with ICWA procedures in 2017. Data from 2019 shows a slight increase in the number of cases reviewed and a slight increase in the percentage of cases assessed for Native American heritage. Data from 2019 shows an increase in the percentage of compliance with ICWA procedures. Consistent assessment suggests that the department is making diligent and effective efforts to improve assessment in regards to ICWA; however, data throughout the past several years suggests there is room for improvement regarding compliance with ICWA procedures.

H. Training
Results of the 2016 CFSR indicated that Systemic Factor 4, Staff and Provider Training, was not in substantial conformity, as only one of three items (Item 28-foster and adoptive parent staff training) was found as a strength. A Foster Adoptive Parenting Training Steering Committee was re-established in 2019. Committee members include department staff, EKU Training Branch, UK training partners, and Murray State University training partners. Goals for this committee include developing a logic model to utilize in the assessment of training effectiveness, as well as develop a way to evaluate training and identify strengths and barriers. The committee wants to identify measures/ways to evaluate the outputs and outcomes of the department’s foster parent training. The workgroup for this project began in October 2019.

The department is collaborating with the University of South Florida and EKU to offer more online training options for foster parents and relative caregivers. The platform, known as Just In Time (JIT), launched in March 2020. The site has averaged over 2,700 unique views since launching in the first three months. Additionally, Kentucky has migrated all foster parent training to virtual platforms due to the COVID-19 pandemic and has provided coaching and mentoring to department trainers on the use of virtual trainings.

Data from the CFSR indicated initial staff training (Item 26) as an area needing improvement for the state, as there was concern around the quality of initial trainings and questions regarding the amount of preparedness it provides to workers. The state received a rating of area needing improvement for ongoing staff training (Item 27) during the CFSR. Concerns were noted regarding no clear process to ensure staff having ongoing training opportunities available and required to support them in their work. Considerable work has occurred since the CFSR. Many training efforts and initiatives are documented throughout the APSR, including the FTS program in Section I.D, as well as the 2020-2024 Training Plan and Kentucky’s April 2020 PIP Biannual Report. Data around training participants can be found in Section II.A of the APSR. Edits have been made to the 2020-2024 Training Plan and are available for review in Attachment 9. Additions to the plan are denoted in bold red font and deletions are denoted with red strikethrough.

The mission of the department’s Training Branch is to provide quality comprehensive training, mentoring, facilitation, and professional development to department employee, and foster and adoptive resource parents so they can effectively serve and empower families and children in Kentucky. The Training Branch consists of both department employees and EKU contract employees working together to serve department employees throughout the state. Training is provided in the department program areas of protection and permanency and family support, as well as other ancillary trainings. The training program provides pre-service, in-service, and advanced skill level training opportunities for prospective, new, and tenured employees as well as resource parents. A self-directed online training registration system maintained by the Training Branch captures information regarding training records. Kentucky’s professional development and training system is funded from several sources including title IV-E, Medicaid -Targeted Case Management, CAPTA, TANF, Medicaid - Medical Assistance, title IV-B subpart II, state general funds, and the Social Services Block Grant (SSBG). During calendar year 2019, the department Training Branch provided approximately 794 scheduled training events resulting in 9,910.25 hours of training credit for 4,285 individual department employees.

The department’s new and modified training worksheets for 2019 are available at the following link: APSR Training Documents.
I. Quality Assurance and Evaluation Activities

Kentucky’s quality assurance (QA) system (Systemic Factor 3/Item 25) was identified as an area needing improvement during the 2016 CFSR, citing the case review process as not effectively identifying strengths and needs of the system. However, many modifications have been made since the CFSR, to include restructuring of the department to better coordinate and standardize CQI activities, the implementation of a third-level case review process, and the intertwining of CQI into daily practice through processes such as the permanency case review process.

The division’s Information and Quality Improvement (IQI) Section supports quality assurance and evaluation activities. The section designs research and evaluation activities and utilizes information from established systems to provide the department tangible evaluative information on the quality and effectiveness of department programs and services. Data collection and analysis efforts are filtered back through department organizational layers, particularly through the CQI process.

The formal CQI process consists of teams/meetings at the local, regional, and central office levels, complimented by parent, foster parent, youth engagement, and community teams at both the regional and state levels. This multi-level process allows for information flow and solutions to be generated and implemented by all levels of staff within the organization. Problems that require input from multiple levels of the agency are advanced through the system in an orderly way that assures a commitment to problem solving and feedback. CQI meetings at all levels include the use of data to provide family focused discussions in examining trends or opportunities to improve, generate solutions, or determine strategies for action.

Generally, CQI meetings occur at least quarterly at all levels and local/regional teams dedicate time each month for this process to provide staff opportunity to identify barriers and discuss solutions to enhance processes. Local/regional CQI meetings are designated for department staff, where additional stakeholder meetings such as the CFSP Stakeholder CQI meeting, RIACs/SIAC, CCC etc. occur to where suggestions for improvement are developed and utilized to inform practice change. Minutes are taken by the scribe and compiled by the CQI specialist in each region to monitor and track CQI issues advanced to the regional and/or state level. Agenda items are discussed and both resolved and unresolved issues are recorded with action steps and ideas for resolution. Issues identified at each level can travel through several routes. They can remain pending at the local, regional, or departmental level until a solution is identified. Issues can be advanced to the next level for resolution or returned to the previous level for additional information or solution. Some issues may be deemed “irresolvable” for a variety of reasons and are held as unresolved or pending for any period. The managers of the CQI process (specialists and central office leads) will review these pending issues, quarterly at a minimum, and resolve them as possible. Other issues require long-term system change and years of work to implement; frontline staff appreciate updates on solutions in progress. Examples of information obtained through the feedback loops include suggested edits to the CCWIS to improve workflow, suggested edits to the department’s SOP, etc. These suggestions often lead to practice improvement; however, at times the suggestions are not feasible. Final determinations and justifications are shared with the originating CQI teams through the regional CQI specialist. There are barriers with the current feedback loops in the department’s CQI process. There are instances where issues are submitted to the regional or central office level, and are not resolved or responded to. This leads to frontline staff’s frustration with the CQI process. As the department is currently working to enhance the CQI process, feedback loops will be modified to ensure that information is bi-directional and issues are resolved or responded to in a timely manner.

CQI was designed to empower staff in leading the agency toward improved outcomes through quarterly meetings at the local, regional, and state level; data driven improvement to practice; management reports that are drilled down to the team and worker level; and regular reviews of case work quality. Regional CQI specialists compile, distribute, and assist in interpreting management reports, lead and participate in CQI quarterly meetings, facilitate in-depth analysis of progress and problem solving, identify barriers and solutions to achieving outcomes, develop action plans, and evaluate the effectiveness
of programs and actions. Within each region, the department employs at least one CQI specialist to assist regional leadership in the receipt and management of statewide and region-specific data.

IQI has been involved in several projects to assist in building the capacity of program staff. During 2019, the unit has worked in partnership with the Center to build internal capacity around evaluation and CQI across divisions and within program branches. IQI continues to build capacity internally through its work with other branches and program areas. The following is not intended to be an all-inclusive list of activities or products; but rather a demonstration of the scope of work and the collaborative nature in which these interactions take place.

Job knowledge and skills review for CQI specialists:
- Provided technical and subject matter assistance regarding data analysis and evaluation from available administrative data.
- Participated in monthly CQI conference calls to discuss ongoing initiatives and modifications and/or enhancements to ongoing management reports.
- Participated in bi-weekly management report meetings.
- Provided consultation to leadership in conjunction with child welfare transformation activities.
- Served as state evaluation lead on CQI evaluation project.
- Participated in Kentucky’s CQI self-assessment

**Overview of Data Systems**
To collect data, the department, through the collaborative efforts of department personnel, the IQI section, and providers, has established multiple data collection processes and systems.
- Primary Prevention and Event Tracking (PP-MET) - Community partners enter their primary prevention meetings and events. Data from the system informs the understanding of community-based services supporting child welfare.
- CQI-Case Review Evaluation System (CQI-CARES) - The case review system captures data entered directly by reviewers from protection and permanency personnel. Case review instruments include elements comparable to the federal CFSR case review instrument. Case review data is published to all protection and permanency personnel quarterly for coaching purposes. Enhancements were made to the case review site to allow for targeted case reviews for specific pieces of casework practice.
- CQI-Meetings and Issues Tracking System (CQI-MITS) - The system tracks the minutes and issues generated through CQI meetings. Issues are compiled quarterly for resolution. Enhancements were made to the categories and topics available to organize discussions and action planning specific to PIP goals. This system is currently only partially in use to support a handful of ongoing initiatives. As a part of larger CQI redesign efforts, several meetings have taken and continue to take place to discuss potential system upgrades and/or enhancements to better support Kentucky’s CQI process.
- Family Preservation-Case Tracking System - Family preservation and diversion providers enter information about children and families served. Data collection informs program evaluation efforts. During 2019, work was completed to consolidate two information systems into one larger system. This system is one of those systems; KSTEP, mentioned below, is the other.
- START Case Management System - START workers enter information into a web-based data entry system. The system provides a framework for case management and the data collected informs program evaluation efforts.
- KSTEP Case Management System – The system provides KSTEP workers a web-based, single point of entry for all their case information and assessments. During 2019, this system was modified for the purposes of the assimilation of the Family Preservation-Case Tracking System, which supports Family Preservation, Diversion, and Community Collaboration for Children programs.

**Overview of Ongoing Data Publications**
The IQI Section produces multiple targeted internal data publications to department personnel and providers.
• Fact Sheets - Fact sheets capture specific aspects of program service delivery, including adult protective services, foster care, investigations, etc. Fact sheets are disseminated monthly, and are available to personnel. The fact sheets can also meet data requests from the public and legislators. System modifications to the CCWIS affected data collection and the data that feeds the fact sheets. IQI, along with quality assurance staff and the CCWIS reports team, continues to redesign the CPS intakes fact sheet and IQI continues to provide ongoing testing and data validation against comparable administrative data to reconcile and improve accuracy. During 2019, a new fact sheet for in-home cases was released for use internally, and is in the process of being vetted for wider distribution.

• Data in a Glance (DIG) - Data are published quarterly based on information from CCWIS and the department’s case review system. DIGs allow supervisors and leadership to use the data for coaching and the development of program improvements. DIGs allow for comparison of performance between regions and statewide in comparison to federal outcomes.

• Executive Dashboard – During 2019, IQI staff collaborated with department and division leadership to develop an executive dashboard that is published monthly to include point-in-time and trend data on areas of interest identified. Currently this consists of statewide and regional data on:
  o The OOHC population;
  o Youth entering vs. youth exiting OOHC;
  o Recurrence of maltreatment;
  o Re-entry into OOHC; and
  o Timeliness of permanency for youth exiting OOHC to reunification and adoption.

2019 Evaluation Projects and Program Improvements

The IQI Section has worked on many stand-alone and ongoing projects throughout 2019, as well as planned activities for 2020. The below is a snapshot of activities that have occurred and planned projects for the upcoming year:

• The Casework Quality DIG was enhanced to provide new functionality allowing staff at different levels to view longitudinal analysis of differing methodologies with different foci.

• IQI continues to provide ongoing technical assistance and support the Prevention Branch regarding data collection activities and reporting and provides general administration and tier 3 technical support.

• IQI assisted the Prevention Branch and CBCAP personnel with data reporting and narrative for the CBCAP application and annual report. Continued analytical enhancements are planned for CY 2020.

• IQI has planned ongoing enhancements to the in-home services data collection and reporting for CY 2020.

• IQI provided the ongoing creation of random sample cases for targeted reviews.

• IQI provided assistance to other branches on data analysis and reporting from available data sources.

The department continues to utilize the QA leads in each region. QA leads are regional staff, typically a service region clinical associate (SRCA), who manages many duties within the regions that are separate from the QA lead duties. QA leads are responsible for disseminating and monitoring quality assurance activities within their respective regions. QA lead duties are permanent responsibilities for regional staff, and include interfacing with their regional leadership and collaborating directly with the divisions’ QA staff to facilitate practice improvement across the state. Additionally, many of the QA leads serve as PIP workgroup leads. During the first year of the CFSP, the QA leads have continued to participate in monthly calls with central office. The focus of these calls has been on the implementation of the CFSR PIP and progress of third-level case reviews. The division will ensure that other QA activities are discussed during these meetings and will facilitate discussions between the regions to assist with idea sharing.

As noted in the CFSR 2016, Item 25 was identified as an area of concern specifically in regards to the adequacy of the case review process, the ability to evaluate implemented improvement strategies, and the effective use of data to inform continuous improvement. In 2018, the state finalized its third-level case review process that served as the process to establish a baseline and continued case monitoring during the PIP. The state developed the third-level case review process and PIP measurement plan, both of which have been approved by the Children’s Bureau and the measuring and sampling
The first cycle of PIP monitoring case reviews began in September 2018, with the initial case elimination process beginning in July. The first cycle concluded in February 2019 and data from this cycle provided the state with baseline data for PIP monitoring. The state began cycle 2 in March 2019. The baseline data has been collected and an initial trend report was sent out statewide outlining regional and statewide trends, including strengths and areas needing improvement. Quarterly trend reports will be sent out statewide going forward. However, due to turnover within the QA branch, there has been a delay in the finalization of formal trends reports. Trends continue to be shared with staff and leadership verbally during a variety of discussions. Upon finalization of all cases for an area, third-level case review feedback is sent to all applicable SRA’s, regional QA leads, and CQI specialists. This feedback contains the case rating summary and item rating rationale statement directly from the OSRI, as well as a face sheet explaining the third-level case review process. The regions are informed that they may contact the Quality Assurance Branch within 10 days of receipt to discuss the case specific feedback with the third-level case reviewer and QA staff. Regions vary in their utilization of the feedback received and the department is currently strategizing the most effective use of the feedback tools for frontline staff. One region discusses the feedback with all involved staff and provides coaching, mentoring, and clarification on federal expectations for the specific items. Other regions utilized the feedback forms to identify trends within the region and discuss within regional leadership meetings and create action plans to address areas needing improvement. The Quality Assurance Branch continues to lead monthly meetings with the regional QA leads where updated data is provided on items and regions can share ideas for improvements on specific items.

The case review team currently consists of 10 dedicated case reviewers and four dedicated QA staff. Once fully staffed, the branch will have two “floater” position that will serve as a backup case reviewer/QA staff and will assist with the case elimination process. The review team has completed training on the OSRI via the E-Training Platform provided by the Children’s Bureau website and completes reviews on practice cases, or cases that have been reviewed previously. The review team meets monthly to discuss similarities and differences in responses on cases, therefore, improving inter-rater reliability.

A rolling statewide random sample is utilized for both in-home and OOHC case reviews. The CCWIS team has automated monthly sample pulls (two months prior to the date of the review) and a branch staff member who is neither a case reviewer nor a staff who completes quality assurance on reviews makes assignment of randomly selected cases.

Reviewers review a minimum of 180 (30 per month) cases, which results in three cases per reviewer, per month. Each month, 18 in-home and 12 OOHC cases are reviewed per area. This ratio was calculated based on the average state ratio of workload in regards to in home and OOHC cases (60.8% and 39.2%, respectively). Reviews occur in six-month increments. A statewide case record review is conducted twice per year. A breakout of review areas/sections based on workload was created and is included in the state’s Third-Level Case Review Process Manual. One area is reviewed per month, with each area being reviewed every six months. The department currently receives technical assistance from the Children’s Bureau in the form of secondary oversight on cases. Additionally, the department participates in calls with the Children’s Bureau monthly to discuss strengths and areas in need of improvement regarding the case review process. With the development and successful implementation of the third-level case review process, the department anticipates conducting state led reviews in place of traditional reviews for all future CFSRs. The Quality Assurance branch has begun working closely with the Field Quality Branch and regional CQI specialists to bridge the connection from data to case work application.

The current case review instrument for first- and second-level reviews has been in use for approximately five years. This has provided enough data to reinstate the Casework Quality DIG in an effort to analyze case review scores for the state. The IQI Section has updated the DIG for regional and state use. When compared to the results from the CFSR in July 2016, it has been determined that cases selected for second-level reviews are not being reviewed at the appropriate threshold. Scores from second-level reviews were not comparable to the results of the CFSR and were more favorable than those of the CFSR. The department will work with the Training Branch to develop a training for second-level reviewers to ensure that existing,
as well as new second-level reviewers, are trained to review at the appropriate threshold. The state does not anticipate needing technical assistance at this time.

J. Technical Assistance

The department’s central office and Training Branch develop and implement trainings for the regional and local offices as necessary to carry out child welfare services and programs. Many of the training initiatives have been noted throughout this narrative. Technical assistance is provided to frontline and regional staff as needed.

The department continues to work in collaboration with the Center on various projects. The Center continues to provide a project manager, subject matter expert, and evaluation coach for the PIP strategy regarding implementing a safety model. The Center has provided subject matter experts to assist with the CQI project. Additionally, the department receives technical assistance from Chapin Hall and PCG in regards FFPSA.

Chapin Hall provides technical assistance for FFPSA. Kentucky’s development of processes and systems for CQI around well-supported interventions largely compliments the revitalization of the department wide CQI process, with similar opportunities for regional meetings, stakeholder engagement, and a feedback loop. Chapin Hall is working closely to align and integrate components that include an overall approach to the statewide CQI, FFPSA CQI, and the FFPSA evaluation processes. These processes will work in tandem, by the engagement of service providers and along with the feedback loop of any necessary communication from the frontline staff. Chapin Hall is also assisting Kentucky in analyzing request for information (RFI) responses from potential prevention providers, to expand prevention services in Kentucky further through FFTA funding.

PCG provides technical assistance by making title IV-E claims, and ensuring title IV-E funds are spent accordingly to federal and state regulations. Bi-monthly meeting are held to ensure all parties appropriations are executed accordingly

K. Comprehensive Child Welfare Information System

Kentucky received a strength rating on Systemic Factor 1, Information System, and Item 19, Statewide Information System, during the 2016 CFSR. TWIST is Kentucky’s CCWIS. TWIST, a client server application, collects data on referrals of maltreatment (including victim(s) and perpetrator(s), issues of safety, and determination on the referral), a child’s demographic characteristics (including but not limited to: gender, age, race, etc.), a child’s entry into and exit from OOHC, plans for services and permanency, court activities, title IV-E determinations, contacts, and ongoing case management activities including adoption activities (placement and finalized adoptions). TWIST provides statewide access for staff and select community partners. There are approximately 2,700 users of the system with entry or view only access. TWIST exchanges data with the Children’s Review Program, Court of Justice, the Department of Education, and Kentucky Justice and Public Safety Cabinet in cooperative efforts to enhance investigations and ongoing casework. The department and the TWIST team is currently working in collaboration with additional entities for new system interfaces, including AOC and, through ACF grant funding, the Kentucky Health Information Exchange (KHIE). TWIST provides aggregated data to colleges/universities and other private entities throughout Kentucky to assist in child welfare research efforts. Numerous data reports currently provide staff and stakeholders with valuable analysis of pertinent content and service areas.

Regular meetings are held between TWIST and department leadership to discuss issues from local and regional staff; federal and state statutory and regulatory changes; and new protocols and practices that affect the capturing and analysis of data. In these meetings, work is prioritized and scheduled for future implementation.

AFCARS Improvement Plan

Kentucky’s AFCARS Assessment Review occurred in August 2008. The state submitted its most recent AFCARS improvement plan (AIP) in November 2019. It is anticipated that the most recent submission has satisfied all requirements and that Kentucky has successfully completed the AIP, however, due to turnover with ACF, Kentucky is awaiting a response.
TWIST Modernization
Kentucky’s ultimate goal of a full replacement of TWIST with a modernized, web-based, Microsoft.NET platform was accomplished in December 2017. In 2014, the department updated and migrated to .NET the TWIST screens where workers enter information related to investigations, individual information, contacts, staff safety issues, and administrative activities. In 2015, the department migrated screens related to case planning and periodic reviews. In April 2017, the department migrated screens related to payments and OOHC. In December 2017, the department completed a final migration, which included screens related to domestic violence/spouse abuse cases, case name assignments, victim/perpetrator pairing and program/subprograms, case plan permanency, case plan evaluation, fictive kin, and relationships. Kentucky has opted to implement CCWIS in place of the former SACWIS. The department and TWIST staff work continuously to improve the functionality within TWIST to streamline work for end users and to ensure that federally and state required data elements are implemented.

L. Case Review System
Item 20, written case plan, was found to be an area needing improvement within the statewide assessment and during the 2016 APSR. Third level case review data surrounding Item 13 also indicates a negative trend in the eighth measurement period at 31.14%, which is lower than the baseline (37.9%). Information gathered during the assessment and stakeholder interviews identified concerns that parents are not routinely engaged in the case planning process. It was often identified that case plans are developed by the agency without parental involvement and prior to case planning conferences. Within the department’s PIP, strategies were developed to address the quality of worker visits and the implementation of a risk and safety model. It is anticipated that improvement of risk and safety assessments and engagement during worker visits will directly affect the quality and engagement in case planning as staff gain the skills and confidence to properly engage with families. The department conducted training with staff statewide throughout 2019 in regards to quality engagement. In early 2020, modifications were made to SOP 1.6 and associated tip sheets to better guide and support staff with quality engagement.

KRS 620.180, as amended by HB 1 of the 2018 legislative session, mandates more intensive case reviews of children in care (at six months following entry into OOHC and every cumulative three months, thereafter) and a petition for TPR if the child has been in care for a total of 15 cumulative months out of 48 months. Annual permanency reviews are required yearly in the anniversary month of the child’s entrance into care. There is no data in regards to the three-month case reviews, however, anecdotal feedback from AOC and frontline staff confirms that these reviews are occurring regularly statewide. The department does plan to analyze permanency trends in several jurisdictions; however, that process has not been formalized at this time.

Item 21 (process for periodic reviews every six months) was found to be an area needing improvement in the 2016 CFSR. The greatest concern identified during the CFSR, per the final report and stakeholder interviews, was that there is not a consistent process in place statewide to ensure that periodic reviews occur at least once every six months for every child in care. For Kentucky, the six-month periodic reviews are required to occur in conjunction with the development of a new family case plan, and are witnessed by an objective third party. Data for prior years were updated in the 2019 submission to reflect the same report month (May) over the past five years. As noted in Table 48 the data shows incremental increases in percentage of timely case plan completion over the period reported. Data from 2017-2018 shows that despite a substantial increase in total number of cases, the percentage of case plans completed timely remained consistent compared to the prior year at the same time. May 2019 and May 2020 data shows a decrease in the number of cases, which may have contributed to the largest increase in percentage of plans completed timely seen within the past five years. It should be noted that the data in Table 48 reflects all case plans, regardless the case type (in-home or OOHC case).

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11,098</td>
<td>11,349</td>
<td>12,128</td>
<td>11,439</td>
<td>10,755</td>
<td></td>
</tr>
</tbody>
</table>
85 of Cases With Case Plan Completed Timely | 81.94% | 82.69% | 82.99% | 85.44% | 89.74%
---|---|---|---|---|---
# of Cases With Case Plan Completed Timely | 9,094 | 9,385 | 10,065 | 9,773 | 9,651

Item 22 (permanency hearings within 12 months) was rated as a strength in the state’s 2016 CFSR. The results indicated that stakeholders had no concerns in regards to timeliness of hearings, however, noted concerns regarding the quality of the hearings. State completion of annual permanency reviews is not entirely under the control of the state. Successful completion of this item requires a timely judicial review, and timely documentation. Table 49 illustrates timely completion of annual permanency reviews, which has shown an overall increase since 2016. Despite a marked increase in the number of children in January 2019, the child welfare system continued to increase the percentage of timely reviews and the percentage continues to be on an upward trend as noted in the January 2020 column, with a slight decrease in June 2020. The decrease can be attributed to the halt in reviews in March 2020; the review have only slowly began to be held virtually. There are some jurisdictions remaining where reviews are not occurring consistently. Otherwise, there has been no change to practice to attribute to the marked decrease noted in June 2020.

**Table 49: Statewide Timely Completion of Annual Permanency Reviews from TWS-W058WI Annual Permanency Review Report**

<table>
<thead>
<tr>
<th>Date</th>
<th># of Children</th>
<th>% Timely</th>
<th># Timely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/10/2016</td>
<td>8,068</td>
<td>84.88%</td>
<td>6,848</td>
</tr>
<tr>
<td>6/5/2016</td>
<td>8,417</td>
<td>83.97%</td>
<td>7,068</td>
</tr>
<tr>
<td>10/2016</td>
<td>8,173</td>
<td>85.94%</td>
<td>7,024</td>
</tr>
<tr>
<td>6/4/2017</td>
<td>8,736</td>
<td>87.41%</td>
<td>7,636</td>
</tr>
<tr>
<td>1/7/2018</td>
<td>8,629</td>
<td>88.76%</td>
<td>7,659</td>
</tr>
<tr>
<td>1/6/2019</td>
<td>9,708</td>
<td>91.04%</td>
<td>8,838</td>
</tr>
<tr>
<td>1/5/2020</td>
<td>9,748</td>
<td>93.63%</td>
<td>9,128</td>
</tr>
<tr>
<td>6/7/2020</td>
<td>9,953</td>
<td>87.55%</td>
<td>8,714</td>
</tr>
</tbody>
</table>

The state implemented a new case review instrument in early 2015 and has compiled approximately five years of data. The casework quality DIG has been updated to reflect the new data. Data presented in Figure 11 around permanency goals for children reflects the most recent data available. The case review scores for Item 5 have plateaued. A review of the scores per case review question suggests that the scores on individual questions have plateaued far below a desirable threshold for those questions most relevant for Item 23; appropriate filing of TPR (Table 50).
The state has shown, as demonstrated in Table 51, a continued decrease in the past few years in the percentage of adoptions occurring in less than 24 months, until January 2020 with an increase to 20.9%. As discussed in previous sections, the department has established priorities for improving the timely finalization of permanency plans, and instituted several measures to increase adoption finalizations. The department recently updated SOP related to ASFA exemptions. The SOP was sent for review by frontline staff and is scheduled to be finalized and released in August 2020. As a result of the 2019 legislative session, KRS 625.060 was amended to add foster parents in the action of an involuntary termination of parental rights petition. This did result in some delays in the filing of petitions as this was a change in practice and the feedback from many foster parents was that they did not want to be included as a party. There was some delay, as the department worked to notify foster parents and courts when a foster parent did not wish to appear in the action. Feedback was received through the permanency calls, and department advised legislators of the concerns of many foster parents. The statute was amended during the 2020 session and policy has since been updated to reflect the changes. Foster parents still have the

---

**Table 50: Case Review Item 5, Point in Time Review of Contributing Case Review Questions**

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the most recent permanency goal appropriate to the needs of the child and the circumstances of the case?</td>
<td>96.9%</td>
<td>94.9%</td>
<td>96.8%</td>
<td>92.1%</td>
</tr>
<tr>
<td>For a child in care for more than 15 months indicate: The termination of parental rights was filed timely</td>
<td>40.5%</td>
<td>21.1%</td>
<td>15.1%</td>
<td>21.5%</td>
</tr>
<tr>
<td></td>
<td>28.8%*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For a child in care for more than 15 months indicate: ASFA exception has been documented</td>
<td>11.4%</td>
<td>18.1%</td>
<td>17.9%</td>
<td>17.2%</td>
</tr>
<tr>
<td></td>
<td>17.5%*</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*These data for 2016 have been updated to align with improved methodology reporting used in 2017.*
right to appear as a party, however, it is optional. An internal process has been developed in collaboration with AOC and OLS to ensure foster parents are served.

Table 51

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure C2.1 Of adoption exits, the percent occurring in less than 24 months</td>
<td>15.8</td>
<td>14.8</td>
<td>15.6</td>
<td>14.2</td>
<td>20.9</td>
</tr>
</tbody>
</table>

Item 24, notification of hearings, was identified as an area in need of improvement through both the statewide assessment and CF SR final report. Although the state does not have quantitative data in regards to this item, information gathered during the assessment and stakeholder interviews identified that not all caregivers are permitted in court hearings. Another concern identified that caregivers are not consistently invited to case planning conferences and that caregivers are not aware of their rights regarding hearings and case planning conferences. The department modified SOP 11.32 Process for Court Case Reviews in early 2019 to outline that staff must notify and invite many parties, including caregivers, to scheduled court hearings and that the invitation must be documented in the case record. The department is progressing on a data interface with AOC, however, this has not been finalized. In an effort to ensure that staff and foster families are informed, the department has utilized various means of communication. In July 2020, leadership participated in a virtual town hall for foster families in which the subject of hearing notification was addressed. The department informed foster families of the proper communication avenues in the event they are not notified of court hearings and that they should always be notified of hearings. In addition, in July 2020, the director of DSR sent communication through the SRAs reminding of the importance of notifying foster families of hearings. Notification was also addressed in the recently issued Protection and Permanency Information Memorandum found at PROTECTION AND PERMANENCY INFORMATION MEMORANDUM 20-04.

**M. Limited English Proficiency (LEP)**

The cabinet’s Language Access Section (LAS) works to ensure all clients have meaningful access to programs and services in a timely, efficient manner regardless of limited English proficiency (LEP). The LAS was created to implement and oversee services by administrative order in 2003 as part of the Employment Opportunity Compliance Branch of the former Cabinet for Families and Children. The LAS strives to minimize language and cultural barriers by providing services throughout CHFS.

As of December 2019, over 500 community individuals and organizations from across the state had been tested and deemed qualified as oral interpreters for the cabinet. Some individuals have moved out of state or are no longer available. Through this program, qualified interpreters and appropriately translated forms and documents are provided to clients who do not speak English or who are not proficient in English, allowing the cabinet to remain in compliance with Section 601 of title VI of the Civil Rights Act of 1964, 42 U.S.C. Section 2000 d et Seq., and Executive Order 13166. From January to December 2019, the LAS team of four interpreters took 1,629 calls and interpreted approximately 32,566 minutes. In addition, the section has translated over 1,140 documents and forms into Spanish for the various cabinet offices and programs in 2019. Additional translations are being completed continuously. Ninety-four (94) translations into other languages have been completed by qualified community partner organizations on an as-needed basis upon request from local field staff in this timeframe. Whenever possible, notices are provided to clients in their primary language.

To ensure that clients are aware of their rights, a poster in both English and Spanish has been placed in the lobby of every cabinet office informing clients that an interpreter will be provided to them free of charge. Posters are also available in other languages where needed. “I Speak” language identification cards from the U.S. Department of Commerce, Bureau of the Census, are used in every office for clients to identify the language they speak. An appropriately qualified interpreter is then called. The “Know Your Rights” brochure published by the Federal Interagency Working Group on Limited English
Proficiency is available in 10 languages. All of these resources have been provided via email to all local offices and are on the cabinet’s intranet for printing and distribution.

In order to ensure that staff are appropriately trained in the cabinet’s procedures for providing language access to clients with LEP, an online training has been developed and is required for all front-line staff, as well as any staff who have direct contact with customers of the cabinet. As of December 31, 2019, the majority of employees have completed the online training. Additionally, LAS staff provides workshops and presentations to staff across the state to explain the cabinet’s policies and assist staff in implementing the procedures effectively. Face-to-face presentations are conducted on an as-needed basis for cabinet staff.

An exact number of unduplicated individuals served is not available; however, data is available that demonstrates that the total number of interactions for Spanish alone was 32,478 for 2019. This number is a combined total of interactions via the LAS and Language Services Associates (LSA). Furthermore, LSA provided telephone-interpreting service in languages other than Spanish for an additional 15,950 interactions.

N. Accommodations for Those with Disabilities
The department provides, upon request, reasonable accommodations including auxiliary aids and services necessary to afford an individual with a disability an equal opportunity to participate in all services, programs, and activities. Persons with hearing and speech impairments can contact the agency by utilizing the Kentucky Relay Service for the Deaf.

O. Title IV-E Review
Kentucky participated in a title IV-E review the week of April 4, 2016. The state received the final report on July 22, 2016. Kentucky was not found to be in substantial compliance; therefore, a PIP was required and submitted the Children’s Bureau on September 19, 2016. The PIP draft was approved by the Children’s Bureau on November 2, 2016. The first quarterly report was submitted to the Children’s Bureau on December 15, 2016. Additional documentation was provided after the first quarterly report. The department successfully completed the requirements of the title IV-E PIP and received official notification of PIP closure in December 2017. Kentucky completed the title IV-E waiver demonstration project in September 2019. During the waiver period, Kentucky was exempt from a title IV-E review. Per the Children’s Bureau, Kentucky’s next title IV-E review is anticipated to occur in FFY 2021.

P. Disaster Plan
According to the Federal Emergency Management Agency (FEMA), there was one disaster declared in Kentucky during 2019, which included severe storms, straight-line winds, flooding, landslides, and mudslides. Additional information in regards to the disaster can be found at https://www.fema.gov/disaster/4428. Due to the disaster, the Bell County office was closed for two days as a result of street flooding. The department has no edits to the 2020-2024 Disaster Plan for this submission.

Q. Health Insurance Portability and Accountability Act
The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires the cabinet and its employees and agents to use and disclose an individual’s health care information only for legitimate purposes as described by the federal privacy regulation, 45 CFR Parts 160 and 164. HIPAA and the privacy rule, promulgated pursuant to the statute, establishes in federal law the basic principle that an individual’s health information and medical records belong to that individual and, with certain exceptions, cannot be used, released, or disclosed without the explicit permission of that individual or their legal guardian.

The cabinet issued requirements to all cabinet workforce staff regarding the division’s administrative requirements and SOP relating to the implementation of HIPAA and regulations, including:

- Designation of a HIPAA privacy officer and compliance contact
- Workforce staff training requirements
Complaint process
Workforce staff sanctions
Mitigation efforts
Prohibition of retaliation, intimidation, or waiver
SOP and procedures
Documentation

SOP was developed pursuant to the statute and all cabinet employees received training on those standards. General information, such as definitions, parties affected, and agency procedures were communicated through a newsletter distributed by the cabinet. DPP staff, DFS staff, regional management, records management, and the Office of the Ombudsman received more in-depth training on the scope and maintenance of protected health information (PHI) due to the nature of their job responsibilities. Additionally, each new workforce staff, whose job requirements are impacted by a material change in the protocols and procedures relating to PHI, or by a change in position or job description, receives the training. The Ombudsman’s Office (or HIPAA Compliance Officer) coordinates mitigation efforts with support from the HIPAA Privacy Officer, Records Management Section, central office, and SRAs and designees as required.

III. Budget Narrative

A. Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, Subpart I)
Title IV-B, subpart I funds are used to make foster care maintenance payments for children who enter OOHC as the result of department intervention, as well as worker salaries. There were no changes to this program in 2019.

B. Mary Allen Lee Promoting Safe and Stable Families (PSSF) Title IV-B, Subpart II

Family Preservation and Time-Limited Family Reunification Services
FPP describes an intensive, in-home crisis intervention resource using approved intensive family centered, EBP models. The primary goal of the services is to support the cabinet’s efforts to ensure safety, permanency, and well-being of children by preventing unnecessary placement of children in OOHC, facilitate the safe and timely return home for a child or youth in placement, as well as enhance protective and parental capacities of caregivers.

The family preservation service array includes Intensive Family Prevention Services (IFPS) for families with children at imminent and immediate risk of out-of-home placement; Family Reunification Services (FRS) to help children in OOHC return to their families; and Families and Children Together Safely (FACTS) for families with children at risk of out-of-home placement or returning from OOHC. Frontline staff refer eligible families and referrals are screened and approved by a designated DCBS regional staff person. Families served are evaluated using the North Carolina Family Assessment Scales (NCFAS) and other clinical assessments to provide a comprehensive assessment of family functioning and determine service needs. The lower scores on the NCFAS form the basis for goal development using evidence-based intervention strategies and curricula that promote cognitive behavioral changes.

FPP services are provided statewide in all 120 Kentucky counties through contracts with non-profit agencies. Regional management teams are comprised of DCBS staff, including the person responsible for screening all family preservation and reunification referrals; the SRA or designee; the FPP supervisor; and the agency designee. This team determines any specialized FPP services and provides ongoing oversight of the services. FPP specialists and supervisors may participate in school-based meetings, coordinate mental health services, and locate both hard and soft resources such as housing, counseling, and parenting classes. FPP also networks with community partners including representatives from domestic violence shelters, family team meetings, drug task forces, IMPACT, mental health services, Children Advocacy Centers, health departments, housing programs, and faith-based services.
FPP services provide a wide variety of family-centered and strength-based services for children and families that include a comprehensive family assessment and use of evidence-based cognitive and behavioral change strategies, crisis intervention, parent education programs, family, and youth support services. Additionally, FPP specialists are available to families 24 hours a day, seven days a week.

### Table 52

<table>
<thead>
<tr>
<th>Family Preservation and Reunification Services continuüm</th>
<th>Duration and Service Intensity</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IFPS</strong></td>
<td><strong>Duration:</strong> Average 4-6 weeks</td>
<td>858 of 933 families completed services</td>
</tr>
<tr>
<td><strong>Referral Criteria:</strong> Imminent risk of removal of child from home</td>
<td><strong>Service Intensity:</strong> Intensive in-home services provided for 6-10 direct hours per week</td>
<td>1,758 of 1,834 children remained safely in the home (95%)</td>
</tr>
<tr>
<td><strong>FRS (IVB)</strong></td>
<td><strong>Duration:</strong> Average 3-6 months (extensions are based on need and progress)</td>
<td>298 of 324 families completed services</td>
</tr>
<tr>
<td><strong>Referral Criteria:</strong> A plan to return a child home from OOHC</td>
<td><strong>Service Intensity:</strong> Average minimum 3-8 direct hours per week</td>
<td>543 of 576 children remained safely in the home (94%)</td>
</tr>
<tr>
<td><strong>FACTS (IVB-preservation/reunification)</strong></td>
<td><strong>Duration:</strong> Average 3-6 months (extensions are based on need and progress)</td>
<td>FACTS Preservation 590 of 651 families completed services</td>
</tr>
<tr>
<td><strong>Referral Criteria:</strong> Child at risk of removal from home or child in OOHC with a plan to be reunified with family</td>
<td><strong>Service Intensity:</strong> Average minimum 3-8 direct hours per week. Intensity is determined based on the needs of family.</td>
<td>1,163 of 1,216 children at risk remained safely in the home (97%)</td>
</tr>
<tr>
<td></td>
<td><strong>Caseload:</strong> Not to exceed 6 cases at a time</td>
<td>FACTS Reunification 111 of 119 families completed services</td>
</tr>
<tr>
<td></td>
<td><strong>Age limit:</strong> 0-17 years old</td>
<td>203 of 218 children at risk remained safely in the home (93%)</td>
</tr>
</tbody>
</table>

From January 1, 2019 through December 31, 2019, there were 2,027 families with 3,844 children at risk of OOHC placement or reunifying from foster care participating in one of the FPP services (data retrieved March 18, 2020). Of those children, 3,667 were reunified with their families or remained home safely at closure, indicating a 95% success rate.

The following data shows the number of families and children served by service and the primary indicators of program goals to maintain children safely at home with the family and maintain permanency and stability in their living situations. A percentage rate of 75% or more of children remaining in the home indicates that the services were successful.
IFPS
- 933 families accepted
- 858 families completing services
- 1,834 children at imminent risk of placement
- 1,758 of 1,834 children remained safely in the home (96%)

FRS
- 324 families accepted
- 298 families completing services
- 576 children to be reunified
- 543 of 576 children safely returned to home (94%)

FACTS Preservation
- 651 families accepted
- 590 families completing services
- 1,216 children at risk
- 1,163 of 1,216 children at risk remained safely in the home (97%)

FACTS Reunification
- 119 families accepted
- 111 families completing services
- 218 children at risk
- 203 of 218 children at risk remained safely in the home (93%)

Projected numbers of families and children for 2020 based on previous years are as follow:

IFPS
- 1,166 families accepted
- 1,073 families completing services
- 2,293 children at risk of placement
- 2,198 (96%) children to remain safely in the home

FRS
- 405 families accepted
- 373 families completing services
- 720 children at risk of placement
- 679 (94%) children to remain safely in the home

FACTS Preservation
- 814 families accepted
- 738 families completing services
- 1,296 children at risk of placement
- 1,275 (98%) children to remain safely in the home

FACTS Reunification
- 149 families accepted
- 139 families completing services
• 273 children at risk of placement
• 254 (93%) children to remain safely in the home

Additional funding was added to FPP contracts in March 2019, to serve an additional 25% of families. This was achieved by the fourth quarter of 2019, with an additional 27% family served.

Families and children who have completed FPP services are also followed at three, six, and 12 months to determine if the child who was at risk of removal (or was reunified) remains in the home. The six-month follow up contact is a face-to-face visit with the family and child if possible and includes a review with the family of the maintenance of safety and family functioning goals.

Table 53

<table>
<thead>
<tr>
<th>Follow-up Activity Completed from January 1, 2018 - December 31, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6 Month Follow-Up</strong></td>
</tr>
<tr>
<td># Children at Risk with Follow Up</td>
</tr>
<tr>
<td># Children at Risk in Home at Follow-Up</td>
</tr>
<tr>
<td>Percent of Children at Risk in Home at Follow-Up</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>12 Month Follow-Up</strong></th>
<th>IFPS</th>
<th>FRS</th>
<th>FACTS-P</th>
<th>FACTS-R</th>
<th>All FPP</th>
</tr>
</thead>
<tbody>
<tr>
<td># Children at Risk with Follow Up</td>
<td>1,866</td>
<td>392</td>
<td>1,229</td>
<td>296</td>
<td>3,783</td>
</tr>
<tr>
<td># Children at Risk in Home at Follow-Up</td>
<td>1,669</td>
<td>305</td>
<td>1,072</td>
<td>261</td>
<td>3,307</td>
</tr>
<tr>
<td>Percent of Children at Risk in Home at Follow-Up</td>
<td>89%</td>
<td>78%</td>
<td>87%</td>
<td>88%</td>
<td>87%</td>
</tr>
</tbody>
</table>

Families served are evaluated at intake, closure, and at interim for services extending beyond 45 days using the NCFAS and other clinical assessments. This provides a comprehensive assessment of family functioning and determines service needs. The NCFAS comprises five domains for preservation and seven domains for reunification, which are measured on a 6-point rating scale. Rating scores and change scores measure the family’s capacity to provide for the child’s needs and the lower scores form the basis for goal development. Improved closing scores can indicate increased parenting capacity in areas such as supervision, discipline of children and improved family communication and problem solving.

In Figure 12, outcomes for families completing IFPS (represented by “n”) during 2019 are evaluated by showing the overall change in the percent of families who scored at or above baseline in each of the five categories at intake and closure.
Figure 12 shows significant improvement that families made in the domains of Parental Capacity, Family Safety, and Environment at the completion of IFPS services. Parental Capabilities domain is one of three domains namely; Parental Capabilities, Family Safety, and Child Wellbeing, where families referred to FPP usually experience low scores ranging from moderate to serious problem. Comparison of the intake and closure scores reveal that greater gains were made in Parental Capabilities (35%), Family Safety (36%) and in Environment (30%). An increase in scores in Parental Capabilities normally correlates to an improvement in scores in Family Safety and Child Wellbeing. This shift in NCFAS scores indicates that incremental and impactful improvements can be measured during the IFPS intervention.

FPP services are funded through multiple funding streams:

- State general funds help support the IFPS to provide intensive in-home services to families with children at imminent and immediate risk of out-of-home placement.
- Title IV-B Subpart 2 Funds (Promoting Safe & Stable Families) provide for FRS to help facilitate the reunification of children in OOHC with their families. It also funds FACTS, which provides less intensive preservation and reunification services to families with moderate risk for out-of-home placement and facilitates reunifications for children in OOHC with their families.
- TANF funds also support and supplement preservation and reunion services statewide for TANF eligible families with children at risk of removal or are reuniting with their families from OOHC.

Future direction of the program includes the following:

- Continue to expand the number of families or children statewide as additional funding becomes available.
- For CY 2020, the cabinet will continue to assess the statewide implementation of title IV-E EBPs for in-home service provision and provider readiness for capacity building and growth.
- The following EBPs were approved for use in in-home services delivery statewide: FFT, Homebuilders Model, MI, Multisystemic Therapy (MST), PCIT, START, and TF-CBT.
- All FPP programs currently report their data online using the In-Home Services (IHS) Activities Data Collection tracking system. The data collected informs evaluative efforts.
- Interim checks matching data from the monthly reports submitted online are helping providers and program staff improve both data entry and the quality of the reports that are available. This has greatly improved the consistency of data reported statewide.
- The data collected is used to closely monitor service provision and to evaluate overall program improvement and quality assurance.

There are no new policies or administrative regulations affecting service provision at this time. There were no consultative efforts or technical assistance provided by the National Resource Center.

**Family Support**

The Community Collaboration for Children (CCC) is funded by Promoting Safe and Stable Families (PSSF) and the CBCAP program. PSSF funds are used exclusively for direct services. CBCAP funds are used for direct services, the regional network, and other initiatives such as child abuse prevention awareness (especially in April), fatherhood, and faith-based activities. Both CBCAP and PSSF funds are used to develop, operate, expand, and enhance community-based and prevention-focused programs. Two direct services are currently provided through these funding streams: In-Home Based Services (IHBS) and PEMs.

1. IHBS are in every county across the state. This service targets low-risk families, such as families who have children with disabilities, teenage parents and parents who are young adults, parents with disabilities, young children, low incomes, and families who are struggling with other issues. IHBS are short-term, home-based services geared to develop, support, and empower the family unit. IHBS teaches parent education, child development, problem solving skills, appropriate discipline techniques, and how parents can become self-
sufficient by coordinating available community resources.

2) PEMs have the same target population. PEMs are currently available in Jefferson and Daviess Counties, as of March 2019. PEMs will also expand into two additional counties-Madison and Estill. Implementation was slated for CY 2020; however, delays have occurred due to the COVID-19 pandemic. PEMs bring families, agencies, and community partners together to resolve issues that exist within the family. Facilitators ensure an objective discussion of issues and explore resources. Referrals are accepted from DCBS and from the school system. PEMs target school-aged children (ages 5-11) who are at risk of educational neglect. In 2019, 428 families received PEM services and 80% of those cases were diverted from becoming involved with Kentucky’s child welfare agency.

CCC is divided into 17 service areas (comparable to the area development districts (ADD)) and the service areas cover all 120 counties. CBCAP exclusively funds the regional networks that are located in each of the CCC service areas, which cover the entire state. Each region has an established regional network whose membership requires representation from DCBS; CCC service providers; Early Childhood Councils; FRYS; health departments, mental health service providers, and court officials; domestic violence shelter representatives; other child and family serving prevention agencies; community leaders (including the faith-based community); and local citizens, including parents. A regional network is a community-based collaborative within each service area whose members meet at least five times per year. The regional network provides collaboration and support to CCC service providers. The members share regional resources, discuss child abuse prevention in local communities, discuss needs of the regions, and share data. Regional networks are a unique component of the program and fulfill the statewide network requirement of the CBCAP program instructions.

Each regional network and collaborative partners bring data and issues to the network. Networks work to set priorities and allocate funding available based upon those priorities. Increased awareness of child abuse and neglect issues is always a primary focus, especially during the month of April, which is Child Abuse Awareness Month. Activities and information are targeted to issues identified within the community. In-home service providers participate in a continuous quality review process to assist with improving services to families involved with CCC.

In 2019, IHBS served 702 families with 1,546 children. Trainings to provide IBHS are provided by the DCBS Training Branch and have been developed to reflect all DCBS requirements, as well as promote strengths-based principles for family engagement. CCC vendors participate in quarterly statewide meetings and regional coordinator and supervisor orientations. CCC employs two parent leaders as an effort to increase parent involvement and build leadership skills.

CCC’s work on the CFSP is ongoing with direct services and federal mandates such as fatherhood initiatives, faith-based initiatives, and collaboration with various suggested agencies such as early childhood service providers. CCC IHBS staff continue to provide Ages and Stages Questionnaire: 3, and Ages and Stages Questionnaire: Social and Emotional screening to all children under the age of 5 ½ years. Utilizing these tools helps to identify children in need of services for further prognoses. Increased use of data to identify needs or gaps in service has been encouraged to assist the regional networks with planning. CCC was integrated into sophisticated data collection systems during CY 2010 in order to build capacity for enhanced data analysis and reporting. Access to better data collection and analysis has contributed to progressive improvements in service planning, delivery, and outcomes. Prevention services offered through the division, including CCC, FPP, and KSTEP will also merge into one platform to serve as the database for all services in CY 2020. This merger will streamline the input of data for provider agencies, along with streamlining the collection and exporting of data.

IHBS and PEMs are coordinated separately from the regional networks. However, reporting on the status of services, client needs, trends, and counties served occurs at regional network meetings. Regional networks use available funds to further meet the needs of clients in the region by providing opportunities such as local mini-grants to supplement parenting education, access to training and other resources, as well as local community initiatives targeting prevention of child abuse and neglect.
Data reflects an increase in the number of overall families served, by 122 or 17%, for in-home services. Multiple families residing together, as well as the increase in family size appear to be contributing factors. Family issues are more complex and require increased services. It is anticipated that positive outcomes for families will be reflected in NCFAS-G scores and overall family functioning. The CCC program will continue to focus on IHBS across the state.

The CCC program will continue to focus on IHBS across the state. Flat funding prevents any expansion and decreases the ability to retain employees due to a lack of salary increase over many years. As described above, CCC in-home services will continue in the geographic location. In-home services continue to be the most effective and in demand services for prevention of abuse/neglect. Regional network collaborations continue to be critical, as with funding limitations, creative solutions as well as decreasing duplication of services are needed.

**Adoption Savings (section 473 (a)(8) of the Act)**

Kentucky expects to provide the following services to children and families utilizing the adoption savings funds: post adoption services, services for children at risk of entering OOHC, and other title IV-B and IV-E allowable services. The department has reported adoption savings. In FFY 2018, the department spent $479,444.11, and a total of $1,515,945.68 since FFY 2016. Currently, those savings are spent on PAPSS. The department is averaging approximately $505,315 per FFY in adoption savings expenditures. The department utilizes the Children’s Bureau methodology for the adoption savings calculation.

**Adoption Promotion and Support Services**

ASK specializes in the utilization of peer-led support groups to offer pre and post adoptive support and services to foster and adoptive parents throughout the Commonwealth. Support and information are also provided by phone, e-mail, or through one-on-one meetings with local adoptive parent liaisons. ASK provides the opportunity to share resources, suggestions, frustrations, and successes with those who share the experience of adoption. Adoption is a unique experience and ASK exists to provide a continuum of proactive advocacy, ongoing support, and specialized training in an effort to prevent pre-adoption disruption and post-adoption dissolution. ASK services are available to families formed through state, private, relative, or international adoption. They are also available to foster and adoptive parents, relative caregivers, and those considering foster care and adoption. ASK is available statewide and is funded by title IV-B monies.

ASK works in partnership with DCBS, foster and adoptive parents, the UTC, and EKU. Meetings are held quarterly with personnel from the division to share program activity and receive feedback. Ongoing communication and collaboration with DCBS R&C personnel occurs regularly in-person, over the phone, and through email. This communication is vital to the program’s ongoing success as it provides an opportunity to share information and updates regarding ASK services. It also provides an opportunity to receive input from recruitment and certification on training topics the program can offer to meet regional needs. Feedback regarding the performance of the adoptive parent liaison(s) is also requested. Recruitment and certification supervisors receive monthly program reports, as well as program updates during their statewide meetings. Further, team members of each FAST program (Adoption Support for Kentucky, Medically Complex Training Program, Foster Parent Mentor Program, and the Foster Parent Training Program) administered by the UK College of Social Work’s TRC reviews program services, needs, and linkages.

There was an increase in attendance for 2019 at ASK meetings statewide as compared to 2018. This increase may be due to efforts to promote ASK, including the FAST web-based training requirement for DCBS foster parent pre-service participants. This effort launched in 2018 and the training features ASK. Ongoing efforts to increase program visibility include an ASK Facebook page, adoptive parent liaisons representing the program at community events at least quarterly, regular communication with DCBS R&C personnel, and changing ASK meeting times and locations as needed to be meet the needs of Kentucky’s adoptive families.
Table 54 outlines ASK trainings provided from January 1, 2019 thru December 31, 2019. The number of participants included on this report only reflects active DCBS foster and adoptive parents. Adoptive families who do not need training credit are not captured in this report.

**Table 54**

<table>
<thead>
<tr>
<th>ASK Statistics (January 1, 2019 – December 31, 2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are 57 training topics currently available in the ASK Training Library. One training is presented by an Adoptive Parent Liaison (APL) at each ASK meeting. Foster parent participants receive two hours of ongoing elective foster parent training credit at each meeting. Training is also provided by APLs in a one-on-one setting with foster/adoptive parents as requested by their R&amp;C Supervisor.</td>
</tr>
<tr>
<td>367 support groups were held across all nine DCBS service regions.</td>
</tr>
<tr>
<td>3,102 parents were served through ASK support groups. This number may reflect adults who attended a support group more than once in 2019</td>
</tr>
<tr>
<td>421 new parents participated in ASK support groups</td>
</tr>
<tr>
<td>2,170 children received childcare services provided by ASK during support group meetings. This number may reflect children who attended a support group with their caregiver and received childcare services more than once in 2019</td>
</tr>
<tr>
<td>1,630 phone calls were made to 1,158 foster and adoptive parents.</td>
</tr>
<tr>
<td>754 emails were sent to 1,212 foster and adoptive parents.</td>
</tr>
<tr>
<td>2,083 support texts were sent to 1,157 foster/adoptive parents.</td>
</tr>
<tr>
<td>915 support activities, (i.e., foster parent posts, private messages) were made through social media to 685 foster and adoptive parents.</td>
</tr>
<tr>
<td>785 foster and adoptive parents received support through 718 face-to-face interactions.</td>
</tr>
<tr>
<td>1,248 ASK promotional flyers were posted in the community.</td>
</tr>
<tr>
<td>Promoted ASK among 264 foster and adoptive parents by attending meetings or trainings offered by the Network and local association meetings.</td>
</tr>
<tr>
<td>34,377 ASK contacts to promote the program were made by APLs. This includes contacts made through mass email distribution.</td>
</tr>
<tr>
<td>1,196 contacts were made by Adoptive Parent Liaisons at pre-service meetings across the state.</td>
</tr>
<tr>
<td>5,738 total hours of service were reported by Adoptive Parent Liaisons serving families throughout the Commonwealth.</td>
</tr>
</tbody>
</table>

**Adoption Awareness Campaign**

In November 2019, there were 1,000 postcards containing white ribbon pins distributed statewide that included information about Kentucky’s waiting children to child welfare professionals, community members, and foster and adoptive families. A social media challenge announced in an effort to bring more awareness to the need for adoptive families in Kentucky. An ASK Facebook Frame with a white ribbon was also created.

The UK College of Social Work and ASK developed a social media campaign and partnered with DCBS to share messaging disseminated by each to promote adoption awareness using various social media platforms.

The following highlights the types of ASK Facebook posts that were made in November using #NAM2019 and #AdoptKY:

- Information from white ribbon postcard regarding Kentucky’s waiting children
- Link to NACAC article “Youth Are Never Too Old to be Adopted”
- Links to articles highlighting the small number of 15-18 year olds who are adopted
Adoptive Parent Liaison & Child Care Provider Professional Development and Technical Assistance
The ASK program coordinator provided orientation to four new adoptive parent liaisons during 2019. ASK hosted its annual professional development event for adoptive parent liaisons on April 12-14, 2019. This provided an opportunity for liaisons to come together to share insights, receive encouragement, and participate in training and discussion designed to further enhance their capacity to provide peer support and training to Kentucky’s foster and adoptive parents and relative caregivers. The North American Council on Adoptable Children’s (NACAC) Community Champions Network provided training on leadership and group facilitation strategies designed specifically for support group leaders. In addition, ASK collaborated with NACAC to offer six live webinars to adoptive parent liaisons over the course of the fiscal year. Topics ranged from Moving from Foster Care to Adoption to the Importance of Birth Family Connections.

The program held a professional development opportunity on May 18, 2019 for its childcare providers. This event included a review of program policies and procedures and training related to child development, the impact of trauma on children, confidentiality, and more.

To expand service delivery, a new initiative launched in FY 2019. The Adoption Support for Kentucky – Virtual Interaction Program (ASK-VIP) was piloted in Eastern and Northern Kentucky and is anticipated to become a program model that can be adapted to provide peer support to foster and adoptive parents not only in Kentucky, but across the country. Initial research shows that adoptive parents who participated in ASK-VIP experienced higher levels of perceived social support, parental competence, and lower levels of parental stress.

Feedback from recruitment and certification personnel and ASK participants continues to indicate that foster and adoptive parents feel more prepared and better supported to provide care by having received ASK services. ASK-VIP was featured in the NACAC Adoptalk publication, and research related to it has resulted in numerous journal publications.

Related Research Publications


The ASK-VIP was initially piloted in FY 2019. One of those pilot groups continued to meet virtually throughout 2019. There were 47 virtual support groups offered between in 2019 and 27 foster and adoptive group members that participated. Virtual meetings were offered weekly for one hour.

ASK-VIP plans to offer specialized virtual adoptive parent support groups in 2020. These groups may serve transracial adoptive parents, LGBTQ+ adoptive parents, single adoptive parents, and others. Previous research related to ASK-VIP illuminated the benefit for support groups that include members who perceive other members to be similar to them.

2020 APSR Submission
Commonwealth of Kentucky
Therefore, perceived support may be enhanced when group members not only have adoption in common, but also have other commonalities, such as being LGBTQ+ adoptive parents.

ASK virtual training was piloted separately from virtual support groups in 2019 in an effort to determine the best platform, features, and procedures for providing virtual training to Kentucky’s foster and adoptive families. This will be an ongoing endeavor throughout 2020.

**C. Monthly Caseworker Visits Funds and Implementation Plan**

Monthly caseworker visit funds are used to improve the quality of caseworker visits with an emphasis on improving caseworker decision making on safety, permanency, and well-being of foster children and recruitment, retention, and training. Each region continues to monitor and strategize for compliance with caseworker visit standards using CCWIS management reports.

For FFY 2019, the state missed the 95 percent performance standard for caseworker visits by three percent (federal fiscal year 2019: 92%). This continual decrease may be contributed to the increase in the number of children in OOHC, along with the continuous staff turnover occurring throughout the state. As part of the state’s child welfare transformation, there are many activities that are anticipated within the next several years targeted at reducing the number of children entering OOHC, reducing caseloads, and improving employee retention—all of which may affect monthly caseworker visits with children. These activities include, but are not limited to the implementation of the Culture of Safety, the FTS program, and an established safety model. Additional information on these activities is located throughout this narrative, as well as the 2020-2024 CFSP. There are no current plans to make changes in the structuring of caseworker visits.

**D. Budget Request**

Kentucky seeks the full amount of its available allocation for the title IV-B (subparts I and II), the Basic State Grant under CAPTA, the Chafee Program, and the ETV Program. The department will be responsible for administering these programs on behalf of Kentucky.

As illustrated under item 7 in the CFS-101, Part I, PSSF, or title IV-B, subpart II funds are divided equally among three of the primary service categories. Therefore, 20.5% of these funds are allocated to family preservation services, community-based family support services, and family reunification services. Another 20.5% is allocated for adoption promotion and support services. Eight percent is retained for planning and service coordination and 10% is utilized for administration.

CFS-101, Part II, requires data and information from a broad array of funding sources. These tasks are accomplished with the assistance of the Kentucky’s budget system, which utilizes “sub functions.” The units allow the department to code expenditures by service and funding source. Contractors, as well as internal agents of the department, must utilize these codes. (Please see CFS-101, Parts I-III, in Attachment 10.)

**E. Proposals for Re-Allocation of Funds**

**Title IV-B, Subpart II**

Kentucky requests any reallocation of federal title IV-B, subpart II funds to assist with in-home services, community development, and case support. Kentucky’s CFS 101 for re-allocation can be found in Attachment 10.

**John H. Chafee Foster Care Program for Successful Transition to Adulthood**

Kentucky requests any reallocation of federal funds for the Chafee Program. These funds would assist the state with room, board, and mentoring/youth participation services through additional regional mentoring contracts. Additionally, the state anticipates utilizing Chafee funds to develop and implement a matched savings program for youth, provide a stipend to the PCCs to pay for chaperoning youth attending the annual teen conference, provide funding for all independent living staff
and the youth advisory board to attend the Daniel Memorial Conference as a professional development opportunity, and provide funding for the payroll of the Fostering Success program.

F. Maintenance of Effort and Limitations

Federal funds provided to Kentucky under title IV-B were not used to supplant federal or non-federal funds for existing services and activities. Further, the cabinet assures that the state would spend no more than 10% of title IV-B, subpart I, subpart II, or the caseworker visit grant funds for administrative costs.

Kentucky’s title IV-B, subpart I funds to be used for childcare, foster care maintenance payments, and adoption assistance payments will not exceed those expended for the same purposes in fiscal year 2005.

<table>
<thead>
<tr>
<th>Title IV-B Subpart I Purpose:</th>
<th>Fiscal Year 2005 Actual Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care</td>
<td>$0.00</td>
</tr>
<tr>
<td>Foster Care Maintenance Payments</td>
<td>$1,052,124.00</td>
</tr>
<tr>
<td>Adoption Assistance Payments</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Kentucky spent $305,708 in title IV-B, subpart I non-federal funds as match for title IV-B foster care maintenance payments during fiscal year 2005.

The state and local share spending for title IV-B subpart II programs for 2018, in comparison to the 1992 base year amount are as follows:

| FY 2018 State/Local Expenditures      | $1,224,054.94                        |
| 1992 Base Year Amount                 | $8,153,548                           |