

Goal 1: Improve safety outcomes for children during all phases of child welfare intervention.			
Objective	Lead	Tasks	Target Date
1.1: Implement an established safety model to include ongoing safety assessments through critical junctures of the case statewide by 2024.	Child Protection Branch	<p>1: Finalize a contract with selected vendor.</p> <p>2020 Update: 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. The target date for completion has been changed from 2019 to 2020. During the preparation activities for developing a safety model, it was evident that implementing an already established and proven successful model would be the most efficient and sound decision and in the best interest of the families served by the department. While understanding this would push back the original start date, the long term goals were considered in order to ensure a quality assessment process. NCCD and the department have worked diligently to develop a thorough and thoughtful implementation plan with long-term sustainability and client benefit, while adhering to PIP implementation timeframes.</p>	CY 2020
		<p>2: Project planning, project start-up, project kick-off meetings, pre-implementation data assessment, intake assessment customization, inter-rater reliability testing, intake assessment training curriculum development, automation, training, and implementation support.</p> <p>2020 Update: 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. 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. Since execution of the contract, the implementation of the safety model has progressed with a stakeholder kick off meeting scheduled for September 17, 2020. There are no further delays anticipated in the implementation. A timeline has been developed in conjunction with the contracted vendor, NCCD, which allows Kentucky to continue to adhere to timeframes. NCCD will support the department with data analysis, policy review, staff training, consultation, inter-rater reliability assessment, and monitoring of tool integrity once implemented.</p>	CY 2020

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		3: Initial safety and risk assessment customization, inter-rater reliability testing, safety and risk assessment training curriculum development, automation, training, and implementation support.						CY 2021
		4: Intake and initial safety and risk assessments implementation evaluation.						CY 2021
		5: Ongoing safety and risk assessment customization, inter-rater reliability testing, ongoing safety and risk assessment training curriculum development, automation, training, and implementation support.						CY 2022
		6: Ongoing safety and risk assessments implementation evaluation.						CY 2023
Data Indicators		2019 CFSP Submission	2020 APSR Submission	2021 APSR Submission	2022 APSR Submission	2023 APSR Submission	2024 APSR Submission	
Recurrence of maltreatment <i>Source: Kentucky CFSR 3 Data Profile-RSP</i>	Actual	16.2% (FY16-17)	19% (FY17-18)					
	Target		13.72%	12.54%	11.36%	10.18%	9.0%	
Item 3: Risk and safety assessment and management <i>Source: Third-Level Case Review State Rating Summary</i>	Actual	35.09% (07/10/2019) PUR (3/18-6/18)	37.58% (06/08/2020) Combined PUR (01/19-6/19) measurement periods					
	Target		40.07%	45.05%	50.04%	55.08%	60%	
Goal 2: Ensure that appropriate services are available that expand the prevention continuum and are provided to meet the needs of families and children in Kentucky.								
Objective	Lead	Tasks						Target Date
2.1: Expand prevention services statewide 12% by 2024.	Prevention Branch	1: Analyze Family First Prevention Services Act (FFPSA) provider readiness assessment, identify evidenced-based practices to submit in 5-year FFPSA Prevention Plan, identify where growth and capacity building is necessary. 2020 Update: 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 example, 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. There were more gaps defined as a result of the analysis which then led to						CY 2019

		<p>expansion of prevention services in the identified areas of need with the evidence-based practice models of TF-CBT, PCIT, and Functional Family Therapy.</p>	
		<p>2: Complete regional forums in each service region to collaborate with community partners and service providers regarding FFPSA implementation and Kentucky’s service provision needs. 2020 Update: 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. Regionally specific data was presented at each forum, which highlighted the regionally specific needs. 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.</p>	<p>CY 2019</p>
		<p>3: Select evidenced-based practices and submit those in the 5-year Prevention Plan. 2020 Update: Based upon information gleaned from the October 2019 studies, the following EBPs were selected and submitted in the five-year prevention plan: Functional Family Therapy, Homebuilders, Motivational Interviewing, Multisystemic Therapy, Parent-Child Interactional Therapy, Sobriety Treatment and Recovery Teams, and Trauma-Focused Cognitive Behavioral Therapy.</p>	<p>CY 2019</p>
		<p>4: Complete contract execution for an additional Family Preservation Program agency in Northern Kentucky. 2020 Update: 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.</p>	<p>CY 2019</p>
		<p>5: Request additional funding for the Family Preservation Program when requesting agency budget for the next biennium.</p>	<p>CY 2020</p>

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		<p>2020 Update: 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. The department plans to use FFTA funds to expand family preservation services in serving an additional 25% of families. The only anticipated barrier is the amount of time providers encounter when obtaining their Behavioral Health Service Organization (BHSO) licensure. Chapin Hall is assisting with analyzing a request for information (RFI), which is hoped to bring additional agencies to the table. Additional plans to support FFTA to include training in title IV-E EBPs, specifically increasing statewide capacity to provide TF-CBT and the Homebuilders model.</p>						
		<p>6: Request funding to expand Kentucky’s Title IV-E Waiver program, Kentucky Strengthening Ties and Empowering Parents (KSTEP), statewide when requesting agency budget for the next biennium. 2020 Update: 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. More information on KSTEP can be found in Attachment 11. The department plans to use FFTA funds to expand family preservation services in serving an additional 25% of families. The only anticipated barrier is the amount of time providers encounter when obtaining their Behavioral Health Service Organization (BHSO) licensure. Chapin Hall is assisting with analyzing a request for information (RFI), which is hoped to bring additional agencies to the table. Additional plans to support FFTA to include training in title IV-E EBPs, specifically increasing statewide capacity to provide TF-CBT and the Homebuilders model.</p>						CY 2020
Data Indicators		2019 CFSP Submission	2020 APSR Submission	2021 APSR Submission	2022 APSR Submission	2023 APSR Submission	2024 APSR Submission	
Total number of children in OOHC with active placements <i>Source: Statewide Foster Care Fact Sheet</i>	Actual	9,875 (06/02/2019)	9,950 (06/07/2020)					
	Target		9,776	9,677	9,578	9,479	9,380	
Item 2: Services to family to protect child(ren) in the home	Actual	50% (07/10/2019)	36.84% (06/08/2020)					

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and prevent removal or re-entry into foster care <i>Source: Third-Level Case Review State Rating Summary</i>			PUR (3/18-6/18)	Combined PUR (01/19-6/19) measurement periods				
		Target		51%	52%	53%	54%	55%
Item 12: Needs and services of child, parents, and foster parents <i>Source: Third-Level Case Review State Rating Summary</i>		Actual	21.93% (07/10/2019) PUR (3/18-6/18)	34.9% (06/08/2020) Combined PUR (01/19-6/19) measurement periods				
		Target		23%	24%	25%	26%	27%
Statewide number of families served through contracted services <i>Source: In Home Services Database</i>		Actual	3,516 (CY 2018)	3,622				
		Target		3,569 (+1.5%)	3,622 (+3%)	3,727 (+6%)	3,833 (+9%)	3,938 (+12%)
Objective	Lead	Tasks						Target Date
2.2: Implement an alternative response process statewide by 2024.	Child Protection Branch & DPP Director's Office	1: Leadership attendance at a conference regarding alternative response. 2020 Update: Leadership attended the Evaluation Summit held in October 2019 and the Innovations in Family Engagement Conference in November 2019. Both conferences held workshops focused on differential response and screening threshold analysis.						CY 2019
		2: Project planning and data assessment. 2020 Update: Kentucky is currently receiving technical assistance from the Capacity Building Center for States (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 any 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.						CY 2020
		3: Refine acceptance criteria and identify referral tracks.						CY 2020

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		2020 Update: The screening threshold analysis has been completed and presented to leadership for review and discussion of next steps. The safety workgroup core team is currently in the process of defining referral tracks and analyzing current assigned response times.						
		4: Development of alternative response process. 2020 Update: The department is currently receiving technical assistance from the Capacity Building Center for the States (the Center) in developing an alternate response process. A differential response crosswalk between SOP and practice is in progress to best determine the outline of intake criteria and how it would assist the families in Kentucky. The only anticipated barrier is identifying and implementing needed modifications to TWIST.						CY 2020
		5: Development and implementation of training for alternative response process.						CY 2021
		6: Incorporate policy revisions. The anticipated target date was changed to 2022 to allow adequate training and implementation time and to determine needed SOP revisions. It is anticipated that there will be initial revisions made to the process that cannot be determined until implementation has occurred.						CY 2022
		7: Implementation of the alternative response process statewide.						CY 2022
		8: Analyze data regarding repeat maltreatment, subsequent entries into out-of-home care (OOHC), and family satisfaction.						CY 2023-2024
Data Indicators			2019 CFSP Submission	2020 APSR Submission	2021 APSR Submission	2022 APSR Submission	2023 APSR Submission	2024 APSR Submission
Statewide number of past due investigations <i>Source: DSR past due report TWS-W292WI</i>	Actual		7,947 (last week of 2018)	9,112 (last week of 2019)				
	Target			7,868	7,789	7,710	7,631	7,552
Objective	Lead	Tasks						Target Date
2.3: Expand Parent Engagement Meetings (PEMs) to one additional county, evaluate program outcomes, and identify	Prevention Branch	1: Implement PEMs in Daviess County for the entirety of the 2019-2020 school year. 2020 Update: 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. It is intended for PEMs to continue, however, due to the COVID-19 pandemic, it is unknown how this will occur. If schools do not return to in-person instruction, the backup plan is for contract providers to continue to provide services in the form of food, NTI assistance, etc. as they did at the beginning of the pandemic when schools transitioned to NTI.						CY 2020

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additional funding opportunities for further expansion by 2024.	2: Evaluate program outcomes (number of meetings held, number of children served, percentage of families diverted from being referred for child welfare intervention). 2020 Update: 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.						CY 2021
	3: Identify and secure additional funding opportunities for further expansion. 2020 Update: 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.						CY 2022
Data Indicators		2019 CFSP Submission	2020 APSR Submission	2021 APSR Submission	2022 APSR Submission	2023 APSR Submission	2024 APSR Submission
Number of PEMs completed statewide <i>Source: Gentrack</i>	Actual	248 (2016-17 school year)	344 (2017-2018 school year)				
	Target		298	348	398	448	498
% of cases diverted from DCBS involvement statewide <i>Source:</i>	Actual		86%				
	Target		80%	81%	82%	83%	84%
Goal 3: Increase the timeliness to appropriate permanency for all children in OOHC.							
Objective	Lead	Tasks					Target Date
3.1: By 2024, ensure that 95% of children entering care receive a behavioral health screener and that 75% of those that screen in for	Clinical Services Branch	Screening					CY 2020
		1: Development of a series of training videos to assist DCBS staff in the completion of screeners and integration into case planning. 2020 Update: The division continues to collaborate with the Training Branch to ensure that screening and assessment is embedded within the department’s training curriculum as well as daily practice. The department is in the process of developing training videos to assist with continuing education of frontline staff on incorporating recommendations for evidence-based treatment into case planning. Department staff are integrating screening and assessment into daily practice, as evidenced by compliance rates. Since the CANS assessment report is utilized in the leveling process, providers are more likely to complete the assessments regularly. There continue to be barriers with community					

assessment receive a comprehensive behavioral health assessment.	mental health centers embedding the assessment into their daily practice. The clinical consultant is identifying these particular agencies and working with them individually to overcome this barrier.						
	2: Ongoing training of regional liaisons to assist in tracking completion of screeners.		CY 2022				
	3: Ongoing technical assistance for DCBS staff from the clinical consultant, specialist, and SRCAs.		CY 2022				
	Assessments						
	1: Development of training videos to assist clinicians in the completion of the Child and Adolescent Strengths and Needs (CANS) assessment, as well as technical assistance. 2020 Update: The division continues to collaborate with the Training Branch to ensure that screening and assessment is embedded within the department’s training curriculum as well as daily practice. The department is in the process of developing training videos to assist with continuing education of frontline staff on incorporating recommendations for evidence-based treatment into case planning. The greatest barrier to completion of the training videos is lack of staff to work on the project. It is anticipated that the addition of the new specialist in the clinical services branch, will allow for the clinical consultant to have more time for this activity.		CY 2020				
	2: The clinical consultant will provide ongoing, monthly CANS trainings for providers in central locations (Louisville, Richmond, and Bowling Green). 2020 Update: The clinical consultant is training providers on the CANS, as well as provide technical assistance for trained providers once they have begun implementing CANS assessments. The clinical consultant provides technical assistance in a variety of forms such as provider training, department staff development and guidance in interpreting the CANS, clinical consultation, quality case reviews, and regular interfacing with community partners, such as private providers, community mental health centers, and other agencies such as CASA. Recently a specialist was hired within the Clinical Services Branch to assist with providing technical assistance and support to regional staff regarding screening and assessment.		CY 2022				
	3: Monthly webinars hosted by the clinical consultant and AMS staff to assist in the completion and integration of CANS Assessments; development of a learning collaborative to share resources and build clinical skills statewide with clinicians providing the CANS assessments.		CY 2022				
	4: Ongoing training of SRCAs to support understanding of CANS assessments and integration into case planning.		CY 2022				
5: Ongoing technical assistance for providers by the clinical consultant and AMS staff.		CY 2023					
Data Indicators		2019 CFSP Submission	2020 APSR Submission	2021 APSR Submission	2022 APSR Submission	2023 APSR Submission	2024 APSR Submission

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Placement stability <i>Source: Kentucky CFSR 3 Data Profile-RSP</i>	Actual	4.44 (18A18B)	4.29 (19A19B)				
	Target		4.57	4.47	4.37	4.27	4.17
Percent of children in care for at least 24 months with 2 or fewer placement settings <i>Source: Federal DIG C4.3</i>	Actual	41.8% (01/2019)	43.8% (01/2020)				
	Target		42%	42.2%	42.4%	42.6%	42.8%
Percent of children entering care who received a behavioral health screener <i>Source: TWS-M366S</i>	Actual	90%	94.83%				
	Target		91%	92%	93%	94%	95%
Of those children screened in for assessment, percent of children who received a comprehensive behavioral health assessment <i>Source: TWS-M366S</i>	Actual	47.61%	47.34%				
	Target		48.41%	49.21%	50%	63%	75%
Objective	Lead	Tasks					Target Date
3.2: 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.	Adoption Services Branch & OOHC Branch	1: Provide data to regional staff on a monthly basis regarding the population of children who have been in care 12-23 months and have not yet achieved permanency. Develop a regional continuous quality improvement (CQI) group for the review of data and development of targeted strategies that will be monitored and supported by central office. 2020 Update: The department has implemented bi-monthly regional calls to address permanency data, barriers, and trends. 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. Planning for overcoming barriers is unique to each specific case. TWIST management reports are utilized during the calls by regional and division staff and include detailed listings of children who have a permanency goal of adoption, permanency goals, and length of time in care. A short-term workgroup has been developed to assist with identifying needed modifications to a management report that will meet the specific needs of this activity. The permanency calls are comprised of program staff from the Adoptions and OOHC Branch, including the branch managers and specialists; regional staff including service region clinical associates, regional specialists, CQI specialists, OLS representatives; and local staff including recruitment					CY 2019

		<p>and certification (R&C) supervisors, child focused recruitment supervisors, and frontline staff, as well as the DSR assistant director. While AOC does not participate in the bi-monthly calls, AOC does participate in the PIP permanency workgroup. During these meetings, updates are given regarding the calls and what barriers, successes, etc. are being identified statewide. The Adoption Branch Manager also contacts AOC workgroup members to discuss concerns when identified, even if only specific to one region.</p>	
		<p>2: Submit and finalize communication plans. Develop standing agenda layout for DCBS point of contacts to use during meetings with points of contract from the Administrative Office of the Courts (AOC) and the Office of Legal Services (OLS). Send communication to AOC and OLS prior to implementation of quarterly meetings.</p> <p>2020 Update: 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 in their regions; 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. 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. Some regions that did not have established meetings with their court jurisdictions and requested assistance on how to build relationships with their local court systems to facilitate a feedback loop with the court system in their areas.</p>	<p>CY 2019</p>
		<p>3: Share permanency data with AOC and OLS and begin quarterly meetings. Develop and implement strategies for addressing identified barriers.</p> <p>2020 Update: 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. 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.</p>	<p>CY 2020</p>

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		<p>4: Communicate local and regional progress and outcomes with local and regional AOC and OLS points of contact on a quarterly basis. Central office staff will communicate statewide progress and outcomes with statewide AOC and OLS points of contact on a quarterly basis.</p> <p>2020 Update: The PIP permanency workgroup continues to meet regularly with AOC in attendance. Discussions surrounding permanency and the permanency calls take place during these meetings. The meetings occur on a quarterly basis. Identified barriers are relayed to either regional court district representatives or AOC staff pending specific case circumstances. Typically, identified barriers are shared through regularly established meetings between the regions and the courts.</p>					CY 2020
Data Indicators		2019 CFSP Submission	2020 APSR Submission	2021 APSR Submission	2022 APSR Submission	2023 APSR Submission	2024 APSR Submission
Percentage of children age 5 and under who have been in care 12-23 months who did not achieve permanency within 12 months <i>Source: P2 Permanency in 12 Months for Youth in Care 12-23 Months v2.0, date 04/25/2018</i>	Actual	47.6%	45.3%				
	Target		46.6%	45.6%	44.6% (-3%)	43.1%	41.6% (-6%)
Objective	Lead	Tasks					Target Date
3.3: By 2024, decrease the number of youth exiting care at age 18 or older without having achieved permanency.	Adoption Services Branch, Transitional Services Branch , & OOHC Branch	<p>1: Utilizing data provided by CQI specialists, increase the focus on the target population of youth who have been in OOHC for greater than 12 months at the age of 16.</p> <p>2020 Update: 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. The table 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.</p>					CY 2019
		<p>2: Include youth and/or young adults in diligent recruitment committees and the CQI process.</p> <p>2020 Update: 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. Although the COVID-19 pandemic has delayed progress in implementing youth into the existing regions, the remaining regions are in the process of creating youth CQI meetings. CQI specialists help facilitate the meetings by identifying local and regional issues for program improvement that directly affect youth in OOHC. 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 action plan around these, as well as document issues identified that need regional or department level review for resolution. CQI specialists</p>					CY 2020

		<p>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 included placement moves, visits with siblings, school issues, and the ability to have more foster youth group activities. The information gleaned from youth participation in the diligent recruitment committee is used to tailor and strategize regional and statewide diligent recruitment. For example, members of the VOC were a crucial part in the action steps of the diligent recruitment transformation workgroups. They were invited to the diligent recruitment steering committee and a part of those efforts related specifically to targeted recruitment for older youth. This work continues as former and current foster youth are incorporated into the planning for diligent recruitment. Concerns and information gleaned by youth participating are also shared with appropriate regional staff and the Transitional Services Branch, as well as VOC to address on a regional and statewide level, if necessary. DSR's Field Quality Branch has also invited youth to be a part of the CQI self-assessment and redesign.</p>					
		<p>3: Review each regional diligent recruitment plan every six months and provide technical assistance with the emphasis on child-specific and targeted recruitment for transition age youth. 2020 Update: 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. Each region is required to update their regional recruitment plans twice per year. Updated plans are sent to the Out-of-Home Care Branch upon completion. The regions are also asked to make note regarding events on their plans to help with future planning (how the event went, interest, etc.). Additionally, there is a statewide meeting that occurs quarterly with the regional leads and program leads for diligent recruitment.</p>					CY 2019
		<p>4: Evaluate permanency measures and outcomes. 2020 Update: 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.</p>					CY 2019
Data Indicators		2019 CFSP Submission	2020 APSR Submission	2021 APSR Submission	2022 APSR Submission	2023 APSR Submission	2024 APSR Submission
	Actual	612	644				

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Number of youth exiting care at age 18 <i>Source: TWS-M050</i>		(2018 exits)	(2019 exits)				
	Target		604	596	588	582	576
Goal 4: Implement supports to stabilize the workforce to decrease caseloads.							
Objective	Lead	Tasks					Target Date
4.1: Decrease the percentage of frontline staff exiting and increase the number of staff entering the workforce by 2024.	Division of Service Regions, DPP Director's Office, EKU Training Branch	<p>1: Internal and external communication and/or training regarding Culture of Safety, development of System Safety Review (SSR) process for child fatalities and near fatalities, procedures manual and policy updates, implementation.</p> <p>2020 Update: 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.</p> <p>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 multi-disciplinary team (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/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.</p>					CY 2019
		<p>2: Define job duties/tasks and responsibilities for Field Training Specialist (FTS) position, development of criteria and process for the identification and selection of FTSs.</p> <p>2020 Update: 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</p>					CY 2020

		<p>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 FTS roles will be filled by existing positions (clinicians) that are already established within the regions who will assume the FTS duties. There are three pilot regions identified and the current proposal is one clinician per region during the pilot. The ratio of FTS to new workers is not determined at this time as it will depend upon current staffing within the pilot regions. FTS will assist new staff, at a minimum, during their academy training.</p>	
		<p>3: Identify high performing frontline workers and those to be performing the roles and responsibilities of the FTSs and conduct DACUM occupational analysis (validation) to confirm current duties, tasks, knowledge and skills needed to successfully perform the work; conduct focus groups with subject matter experts (e.g., high performing employees, supervisors, regional administrators, central office staff, university partners, community partners) to revise the Behavioral Anchor Tools for use in evaluating and coaching new DPP employees.</p> <p>2020 Update: A DACUM (Developing a Curriculum) for current DCBS Protection and Permanency staff is currently being used to support the Protection and Permanency Training Academy for new workers. Dr. Barbee, along with her staff at the University of Louisville, 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.</p>	CY 2021
		<p>4: Develop FTS Program Framework consisting of activities and interactions (tied to Behavioral Anchors) for the new employees to complete with guidance and feedback from FTSs.</p> <p>2020 Update: Dr. Barbee, along with her staff at the University of Louisville, 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.</p>	CY 2022
		<p>5: Design an evaluation plan to assess effectiveness of FTS program, develop online system (web portal) to capture Behavioral Anchor Tool usage in the field.</p> <p>2020 Update: ECU 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</p>	CY 2023

		reports of the ratings can be used to inform decisions regarding updates/changes to training curricula, potential changes in DCBS processes, etc.					
		6: Design, develop, deliver and evaluate initial training program for FTSs—including instruction on use of behavioral anchors, provide training and support (via development and maintenance of web-based portal) for the FTSs.					CY 2024
Data Indicators		2019 CFSP Submission	2020 APSR Submission	2021 APSR Submission	2022 APSR Submission	2023 APSR Submission	2024 APSR Submission
Percentage of frontline staff entering the workforce Source: <i>Personnel Cabinet Turnover Report</i>	Actual	44.97% (SSWI entries in 2018)	58.48% (SSWI entries in 2019)				
	Target		44.97%	45.97%	46.97%	47.97%	48.97%
Percentage of frontline staff exiting the workforce Source: <i>Personnel Cabinet Turnover Report</i>	Actual	43.14% (SSWI exits in 2018)	39.52% (SSWI exits in 2019)				
	Target		43.14%	42.64%	42.14%	41.64%	41.14%
Goal 5: Improve the department’s CQI system.							
Objective	Lead	Tasks					Target Date
5.1: Increase the number and quality of CQI stakeholder meetings statewide by 5% by 2024.	Quality Assurance Branch & Field Quality Branch	1: Modify or identify an information tracking system that can be used to document the quantity and quality of stakeholder meetings. 2020 Update: The target date for this activity has been updated as it was determined during the self-assessment phase that a tracking system could not be modified or developed without the full execution of the self-assessment and examination of the strengths and weaknesses of the current tracking system. The department, with assistance from the Center, is consulting with other states to learn about tracking systems utilized in other states. 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’s 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.					CY 2021
		2: Incorporate stakeholder meetings and use of tracking system into the rebranding and restructuring of DPP’s CQI process. The target date for this activity has been updated to reflect the completion of 5.1.1, which has to be completed prior to this activity can be developed and implemented.					CY 2021
		3: Develop and incorporate system training into initial and ongoing training for CQI specialists.					CY 2021
		4: Implement the utilization of the information tracking system for CQI stakeholder meetings.					CY 2021

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		5: Assess baseline data to determine current functioning of CQI stakeholder meetings. Develop and implement strategies to increase the quantity and quality of meetings.					CY 2022	
		6: Evaluate the effectiveness of strategies during CQI specialist monthly meetings.					CY 2023	
Data Indicators		2019 CFSP Submission	2020 APSR Submission	2021 APSR Submission	2022 APSR Submission	2023 APSR Submission	2024 APSR Submission	
Number of CQI stakeholder meetings <i>Source: TBD, see narrative</i>	Actual				Baseline:			
	Target					+3%	+5%	
Quality of CQI stakeholder meetings <i>Source: TBD, see narrative</i>	Actual				Baseline:			
	Target					+3%	+5%	
Objective	Lead	Tasks					Target Date	
5.2: Implement a formalized CQI training process statewide by 2024.	Quality Assurance Branch & Field Quality Branch	1: Complete a Developing a Curriculum (DACUM) process for CQI specialists. 2020 Update: 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.					CY 2019	
		2: Develop a formalized initial and ongoing training for CQI specialists. 2020 Update: 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 ECU, will utilize DACUM findings and identified training needs to develop a CQI training academy for initial and ongoing CQI specialist training.					CY 2020	
		3: Implement a formalized initial and ongoing training for CQI specialists.					CY 2021	
		4: Develop training for second-level case reviewers.					CY 2022	
		5: Implement a training for second-level case reviewers.					CY 2023	
Data Indicators								
Comparison of pre-test and post-test scores for CQI specialists initial training	Pre-Test Average		Unit 1: 60%	Unit 2: 67.9%	Unit 3: 43.7%	Unit 4:	Unit 5:	Unit 6
	Post-Test Average		Unit 1: 85%	Unit 2: 80.4%	Unit 3: 81%	Unit 4:	Unit 5:	Unit 6:

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Source: <i>Intensive Project-Semi-Annual Report- Kentucky CQI Project draft for Core Team</i>	Knowledge Gain Average		25%		12.5%		37.3%						
	2019 CFSP Submission		2020 APSR Submission		2021 APSR Submission		2022 APSR Submission		2023 APSR Submission		2024 APSR Submission		
Comparison of statewide outcome scores from second-level case reviews and third-level case reviews Source: <i>Casework Quality DIG, Third-Level Case Review State Rating Summary</i> 2 = Second-level case review 3 = Third-level case review DA = Difference actual DT = Difference target	Safety Outcome 2	2	88.1% (03/2018)	2	89.4% (03/2019)	2		2		2		2	
		3	47.22% (baseline)	3	36.91% (06/08/2020)	3		3		3		3	
		DA	41.08%	DA DT	52.49% 35%	DA DT	30%	DA DT	25%	DA DT	20%	DA DT	10%
	Permanency Outcome 1	2	52.2% (03/2018)	2	52.6% (03/2019)	2		2		2		2	
		3	30.56% (baseline)	3	18.64% (06/08/2020)	3		3		3		3	
		DA	21.64%	DA DT	33.96% 50%	DA DT	40%	DA DT	30%	DA DT	20%	DA DT	10%
	Permanency Outcome 2	2	93.2% (03/2018)	2	93.9% (03/2019)	2		2		2		2	
		3	54.17% (baseline)	3	64.41% (06/08/2020)	3		3		3		3	
		DA	39.03%	DA DT	29.49% 30%	DA DT	25%	DA DT	20%	DA DT	15%	DA DT	10%
	Well-Being Outcome 1	2	62.5% (03/2018)	2	62.0% (03/2019)	2		2		2		2	
		3	32.22% (baseline)	3	30.2% (06/08/2020)	3		3		3		3	
		DA	30.28%	DA DT	31.8% 30%	DA DT	25%	DA DT	20%	DA DT	15%	DA DT	10%
	Well-Being Outcome 2	2	93.7% (03/2018)	2	92.1% (03/2019)	2		2		2		2	
		3	79.22% (baseline)	3	83.33% (06/08/2020)	3		3		3		3	
		DA	14.48%	DA DT	8.77% 12%	DA DT	11%	DA DT	10%	DA DT	9%	DA DT	8%

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	Well-Being Outcome 3	2	95.6% (03/2018)	2	96.0% (03/2019)	2		2		2		2	
		3	70.5% (baseline)	3	57.14% (06/08/2020)	3		3		3		3	
		DA	25.1%	DA DT	38.86% 22%	DA DT	19%	DA DT	16%	DA DT	13%	DA DT	10%