



Kentucky Child and Family Services Plan

2025-2029

Department for Community Based Services,
Division of Protection and Permanency

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I. Introduction

The Cabinet for Health and Family Services (CHFS/cabinet), Department for Community Based Services (DCBS/department) presents the 2025-2029 Child and Family Services Plan (CFSP). This plan was developed per the program instructions, ACYF-CB-PI-24-02. The cabinet and department are the entities responsible for administering the state's statutes and regulations relating to child welfare. The CFSP for 2025-2029 focuses on further enhancements to Kentucky's programs and services to support positive outcomes for children and families and compliance with federal expectations contained in the Child and Family Services Review (CFSR). The 2025-2029 CFSP and related materials can be found online at <https://chfs.ky.gov/agencies/dcbs/dpp/cpb/Pages/cfsp.aspx>.

II. Vision and Collaboration

State Agency Administering the Programs and State Agency Vision

The Cabinet for Health and Family Services (CHFS)

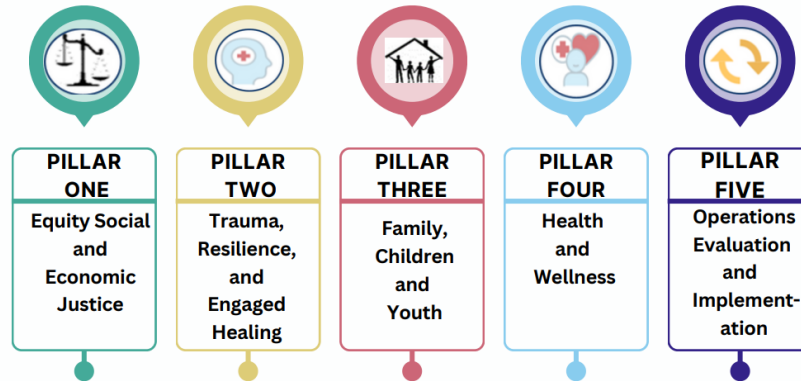
The cabinet is the state government agency that administers programs to promote public safety and public health (see Attachment 2 for the cabinet's organizational chart). It is the largest of Kentucky's nine cabinets. The cabinet's structure affords each department unique opportunities to collaborate and better coordinate with human service entities such as 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; child welfare and adult protection services; and income supports, such as child support. 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.

The Department for Community Based Services (DCBS)

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 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.

DCBS is committed to becoming a 21st Century agency by reducing barriers and increasing access to services. In 2023, the department finalized an 18-month strategic plan that outlines four primary goals and the strategies for implementation. Key features of the plan include a project management structure, building upon the accomplishments of initial transformative efforts, specifically the six-month stabilization plan, and the DCBS "Five Pillars" framework. Hallmarked by its co-design with staff, valued partners, and trusted advisors, the six-month plan served as the model for collaboration. The "Five Pillars" framework is the foundation of the Department's vision, mission, guiding principles, and values that inform and shape policies and practices. For more information on the department's 18-month, please see attachments 1 and 2 of *Kentucky's CFSR Round 4 Statewide Assessment*.

THE FIVE PILLAR FRAMEWORK



DCBS compassionately serves and empowers individuals, children, and families through an innovative system of care using trauma-informed, collaborative, and equitable approaches. DCBS services are administered through nine service regions with offices serving all 120 Kentucky counties. The department’s vision is to be a 21st Century agency that minimizes barriers and increases access to programs and services.

Both within the organization and among partners, DCBS thrives on a culture of respect for diversity of opinion that is nurtured through open communication. Highly performing and committed, DCBS is unified in the goal of excellence in achieving outcomes for those DCBS serves with the level of quality DCBS employees would demand for their own families.

The Division of Protection and Permanency

The Division of Protection and Permanency (DPP/division) within DCBS recognizes the importance of a safe, secure, and nurturing environment for each Kentucky child, adult, and family. Within such an environment, DPP believes that families and their individual members become the most critical component of a strong society. DPP coordinates the state's child welfare and violence prevention efforts. The division coordinates more than 180 contracts with vendors that provide a variety of services statewide and for specific service regions to enhance family violence prevention and intervention services. The division provides consultative services and technical assistance to local child protective services offices regarding child and adult protection cases. The division coordinates permanency services including the coordination of state efforts to recruit and certify adoptive homes for children in foster care. The division creates standards of practice (SOP) for local office operation and implements statewide changes in coordination with state and federal legislation changes. The division also gathers data and creates reports to monitor the state's progress toward federal goals in child welfare services.

DPP’s mission is also to ensure maximum flexibility for interpretation and implementation of policy and procedures, which best meet the needs of the community. DPP recognizes the importance of a safe, secure, and nurturing environment for each Kentucky child, adult, and family. Within such an environment, the division believes that families and their individual members become the most critical component of a strong society. The division’s vision is that DPP be:

- Focused on families, children, and vulnerable adults;
- Committed to families as partners in decision making;

- Proactive, responsive, and accessible to all members of the community;
- Sensitive to cultural and community differences;
- Committed to innovation, continuous improvement, shared accountability and measurable outcomes;
- Community focused and partnership-oriented; and
- Recognized as the best human service delivery organization in the nation.

DPP has seven branches: Adoption Services, Out-of-Home Care (OOHC), Transitional Services, Child Protection, Adult Protection, Clinical Services, and Quality Assurance (QA). The branches and additional teams and units within DPP provide consultative services, develop and modify policy, and administer child welfare and adult protection programs statewide.

The Division of Prevention and Community Wellbeing (DPCW)

In 2023, DCBS created a new division, the Division of Prevention and Community Well-Being (DPCW), through leveraging implementation of the Family First Prevention Services Act of 2018 (FFPSA/Family First). Opportunities to invest in expanded tertiary prevention services with increased federal support, have enabled Kentucky to pursue further upstream prevention efforts. As a national leader in prevention, Kentucky has continued to seek opportunities to expand both primary and secondary prevention. Increasing primary and secondary prevention efforts lowers the prevalence of child abuse and neglect in the state by assisting families with access to needed resources and supports, avoiding the trauma of a child’s removal from parents, and involvement with the child welfare system whenever possible.

Within DPCW are three branches that cover a broad spectrum of prevention activities.

Primary Prevention Branch: Ensures families have access to information and support necessary for family well-being. The Primary Prevention Branch includes activities in alignment with primary prevention, such as awareness seeking within the scope of problems associated with child maltreatment. These activities include but are not limited to parent education, parent support groups, child abuse prevention awareness activities, a prevention hotline, and supports for navigating community resources.

Community Response and Wellbeing Branch: Collaborates and enhances community-based partnerships to support families who may have risk factors for child maltreatment. The scope of work and responsibilities for the Community Response and Well-Being Branch include administering the collaboration of community response programs, administering a state plan for secondary prevention, and administering a plan for collaboration with other family service agencies and parents.

Prevention Evidence-Based Practice Branch: Provides a robust service array to prevent future maltreatment and entry into care. The scope of work and responsibilities for the Prevention Evidence-Based Practices (EBPs) Branch include the administration of all FFPSA programming, Family First Preservation and Reunification Services, Kentucky Strengthening Ties and Empowering Parents (KSTEP), Sobriety Treatment and Recovery Teams (START), and prevention pilots, such as administration of the Intercept® and Multisystemic Therapy (MST) EBPs.

The Division of Service Regions

The Division of Service Regions (DSR) oversees the nine service regions throughout Kentucky that provide direct child welfare, adult protection, and public assistance eligibility services to vulnerable adults, families, and children. The department is broken into nine service regions: Jefferson, Two Rivers, The Lakes, The Cumberland, Salt River Trail, Northern Bluegrass, Southern Bluegrass, Northeastern, and Eastern Mountain service regions. DSR also includes the following administrative branches that assist with service delivery: Family Support Call Services, Central Intake, Case Review and Claims, Field Critical Response, Regional Permanency, Field Development and Support, Centralized Mailroom, Field Quality, and Safety and Facilities branches.

Collaboration

The department values the partnership, engagement, and active participation of staff, families, community partners, and many additional stakeholders in the analysis of Kentucky's child welfare system for the CFSR Round 4 Statewide Assessment and the CFSP. With collaboration and guidance from the Capacity Building Center for States (the Center/CBCS), Kentucky formed workgroups for each systemic factor, committees for partner engagement and data, and a steering committee consisting of all workgroup and committee co-leads and other child welfare leadership. The groups represented were:

- Steering Committee
- Data Development Committee
- Partner Engagement Committee
- Information System and Quality Assurance Workgroup
- Case Review System Workgroup
- Staff and Provider Training Workgroup
- Service Array and Resource Development Workgroup
- Agency Responsiveness to the Community Workgroup
- Foster/Adoptive Parent Licensing, Recruitment, and Retention Workgroup

Each workgroup/committee had two co-leads and a minimum of 10 members per group. Leadership made recommendations for some specific group members; however, members were primarily selected by the group co-leads with the understanding that members should be considered and chosen for their diversity, expertise, and knowledge pertaining to the specific group, partnerships, and persons with lived experience. Each committee and workgroup contained a combination of members that were from the agency, judicial community, persons with lived experience, community partners, and stakeholders.

Leadership within the agency played a crucial role in overseeing and coordinating the statewide assessment. Agency staff were involved in various roles including co-leads, group members, data collection and analysis, survey development and participation, focus group participation, and input regarding experiences. Families and youth provided valuable insight as voices of lived experience within the child welfare system with roles as co-leads, workgroup members, and participants in surveys and focus groups. Representatives from legal and judicial communities were involved as group co-leads and members, offering insight into their collaboration with Kentucky to regarding policies, procedures, and court processes. Stakeholders from various community-based service providers assisted with surveys and focus groups, contributing information back to all the workgroups. The steering committee met on a

bi-weekly basis, while the other committees and focus groups set their own meeting cadence ranging from weekly to monthly, depending on the need.

In addition to targeted efforts for assessing child welfare outcomes in Kentucky for the statewide assessment and CFSP development, the department has made great strides toward improving ongoing engagement and consultation with stakeholders. The department continues to host the CFSP Stakeholder Continuous Quality Improvement (CQI) quarterly meetings facilitated by the Eastern Kentucky University (EKU) Facilitation Center. Meetings have included meaningful stakeholder input to inform the development of the 2025-2029 CFSP, the CFSR Round 4 statewide assessment, and continuous assessment of the 2020-2024 CFSP and CFSR Round 3 program improvement plan (PIP) initiatives.

The current CFSP Stakeholder CQI group 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 for Medicaid Services (DMS); Court Appointed Special Advocates (CASA); Division of Family Support (DFS); Prevent Child Abuse Kentucky (PCKA); 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 Service Centers (FRYSCs); 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; the Department for Public Health (DPH); foster and adoptive parents; and the Kentucky Department of Education (KDE).

The department, in partnership with Kentucky Partnership for Families and Children (KPFC), implemented targeted engagement of biological, foster, relative, fictive kin, and adoptive parents. Separate monthly meetings are held to introduce and acquaint the new members to the CFSP Stakeholders CQI group in a smaller and less intimidating group setting. One department representative and one parent representative attend the meetings to answer questions. All parents who attend monthly meetings along with the quarterly CFSP Stakeholder CQI meetings are eligible to receive a stipend. A representative from the Court Improvement Project (CIP) attends these meetings on a regular basis.

Multiple foster/adoptive parents, frontline staff, and frontline supervisors participate in meetings and provide feedback. Kentucky has foster parents, parents, and youth representatives from throughout the state. In hopes of maintaining and expanding a diverse and representative group of stakeholders, recruitment is continual. To enhance youth engagement, the department has sought and identified a spokesperson of the youths' choosing, to attend on their behalf to communicate and act as a liaison between the two groups. A successful feedback loop has been established with the representative attending both the Voices of the Commonwealth (VOC) meetings and the CFSP Stakeholder CQI meetings.

To improve the relationship between the two groups, in 2023, the coordinator of the stakeholder meetings began attending the VOC meetings. This group is provided with the meeting minutes, and discussions focus on any questions they have and/or feedback from those minutes. Discussions also include how best to involve youth in the CFSR Round 4 self-assessment and CFSP development and implementation. The department works with the Chafee program administrator to assist with soliciting youth participation in the meetings. Youth who have participated in the past were selected from across

the state and included youth from urban and rural areas, and diverse placement backgrounds ranging from foster care, relative placement, and residential placements.

Additionally, Kentucky consistently engages with stakeholders monthly as part of the Kentucky Children and Family Services Review (KY CFSR) process. Kentucky reviewed 1,080 cases from 2021-2023. The reviews involved conducting interviews with stakeholders which included children, parents, foster parents, alternate caretakers, and service providers. The insights gathered from these interviews were instrumental in determining item ratings. The qualitative data collected during the case reviews were carefully analyzed to identify patterns and trends. These trends were then shared with field staff, supervisors, and regional offices during monthly debrief meetings. Action plans and improvement strategies were developed through systems mapping of the existing systems. Case review findings were utilized by the workgroups and committees to analyze and provide input into the statewide assessment and analysis for the CFSP.

During the Stakeholders CQI meetings, KY and its partners discuss the PIP and how the agency is progressing as well as the strategies in the CFSP. The group discusses barriers and collaborates on how to resolve/address the challenges. The group has discussed everything from high acuity youth, permanency challenges, service provision, to safety, and other related topics. Through the collective engagement of these individuals and groups, Kentucky comprehensively evaluated the strengths and areas needing improvement within the state's child welfare system.

III. Assessment of Current Performance in Improving Outcomes

Child and Family Outcomes

The following assessment of Kentucky's child and family outcomes was conducted for use in both the CFSR Round 4 statewide assessment and the 2025-2029 CFSP. The following is a condensed version of that assessment. Through the CFSR Round 4 statewide assessment, the department has captured a detailed analysis of the current functioning of the child welfare system in Kentucky. For more information on the current functioning of CFSR child and family outcomes in Kentucky, please refer to *Section III: Assessment of Child and Family Outcomes of Kentucky's CFSR Round 4 Statewide Assessment*.

Kentucky's CFSR Round 4 Statewide Assessment was completed using administrative data from The Worker's Information SysTem (TWIST); CFSR Round 3 results, PIP baseline, PIP monitored, and non-PIP monitored data from the Online Monitoring System (OMS); Kentucky's CFSR 4 Data Profile; data from other federal submissions such as the National Child Abuse and Neglect Data System (NCANDS) and the Adoption and Foster Care Analysis Reporting System (AFCARS); the department's second-level case review data; and stakeholder survey data.

Safety

Kentucky is **not in substantial conformity** with safety outcomes 1 and 2. The Children's Bureau's CFSR Round 4 Data Profile from February 2024 shows slight improvement in Kentucky's risk-standardized performance (RSP) for maltreatment in foster over the last few reporting periods, with the most recent scores at 17.98 (Table 1). Although this is an area needing improvement, scores indicate that Kentucky continues to move closer to the national standard (9.07).

Table 1 CFSR 4 Data Profile February 2024 RSP

	19AB, FY19	20AB, FY 20	21AB, FY21
Maltreatment in care (victimizations/100,000 days in care) National Performance: 9.07 ▼	20.57	21.37	17.98

Recurrence of maltreatment is moving in a similar direction with Kentucky’s most recent RSP at 13.1%. Kentucky is making incremental improvements, moving toward the national performance of 9.7%.

Table 2 CFSR 4 Data Profile February 2024 RSP

	FY19-20	FY20-21	FY21-22
Recurrence of Maltreatment National Performance: 9.7 ▼	15.6%	14.0%	13.1%

For more information related to safety, please refer to *Section III: Assessment of Child and Family Outcomes, A. Safety, Safety Outcomes 1 and 2* in *Kentucky’s CFSR Round 4 Statewide Assessment*.

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Kentucky is **not in substantial conformity** with Safety Outcome 1. During CFSR Round 3 (75% substantially achieved) and PIP baseline (67.8% substantially achieved), Safety Outcome 1 was not in substantial conformity, requiring PIP monitoring. Kentucky scored substantially achieved in 73% of cases reviewed, meeting the PIP goal for Safety Outcome 1 in the seventh PIP measurement period (mp). During the last monitoring period of the PIP, Safety Outcome 1 received a rating of 72.15%. Current KY CFSR data (October 1, 2022 – March 31, 2023) shows that Kentucky has a substantially achieved rating in 69.44% of cases reviewed.

Stakeholders surveyed by the annual CFSP Stakeholder CQI survey (N=143) conducted in April 2024, indicated that of the 45 survey respondents, eight respondents (17.77%) strongly agreed and 22 (48.88%) agreed that Kentucky’s child welfare agency can meet the goals for Safety Outcome 1. This measure has an overall 66.65% favorable rating from stakeholders.

Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment

Item 1 is an **area needing improvement** for Kentucky. In Round 3 of the CFSR, Item 1 was found to be an area needing improvement with a strength rating of 75%. PIP baseline data showed further decrease in initiation with a strength rating of 67.8%. The PIP goal for Item 1 was 73%, which Kentucky successfully met in the seventh MP of Round 3. Although scores fluctuated across the PIP monitoring period, the agency finished the PIP in the 43rd MP with a score of 72.15%, just .85% below the PIP goal. After a few cycles of slight increases, Kentucky began to observe a decline in scores during the March 1, 2022 – August 31, 2022, period under review (PUR). The most recent (October 1, 2022 – March 31, 2023, PUR) case review scores indicate a significant drop over the past few review cycles, with a score of 73.61%. At

a regional and county level, scores tend to vary across the state. For example, half of the review areas improved over the last six months, while the other half declined.

Table 3 KY CFSR OSRI Case Review Data for Item 1

Period Under Review	Strength Rating
CFSR Round 3	75%
PIP Baseline (February 2018-July 2018)	67.8%
PIP Goal Achievement-73% (7 th MP April 2018-September 2018)	73%
September 1, 2020 – February 28, 2021	64%
March 1, 2021 – August 31, 2021	70.13%
PIP End (April 2021-September 2021)	72.15%
September 1, 2021 – December 31, 2021*	74.55%
January 1, 2022 – February 28, 2022**	78.26%
March 1, 2022 – August 31, 2022	71.6%
September 1, 2022 – February 28, 2023	69.44%
October 1, 2022 – March 31, 2023	73.61%

*End of Round 3 OSRI data

**Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle

NCANDS data over the past several submissions indicates a similar trend, as demonstrated in Table 4, with most recent data showing that the average hours to initiation have increased to 246.4 hours. In January 2018, the department implemented new response times based upon the safety threats and risk factors identified by the reporting source. For example, two reports both alleging sexual abuse may 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.

Table 4 NCANDS Child File Validation Workbook

	FFY 2021	FFY 2022	FFY 2023
Average Time to Investigation in Hours	172.0	221.4	246.4

Despite an increased maximum initiation timeframe of 72 hours, the department continues to see initiation hours far above the threshold. Kentucky continues to struggle with when the ‘clock’ begins to calculate initiation. This, along with high caseloads and staffing concerns contribute to the high number of hours to initiation.

For more information related to Item 1, please refer to *Section III: Assessment of Child and Family Outcomes, A. Safety, Safety Outcomes 1 and 2, Safety Outcome 1: Children are, first and foremost,*

protected from abuse and neglect, Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment in Kentucky’s CFSR Round 4 Statewide Assessment.

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

Kentucky is **not in substantial conformity** with Safety Outcome 2. During CFSR Round 3 (60% substantially achieved) and PIP baseline (47.22% substantially achieved), Safety Outcome 2 was not in substantial conformity, requiring PIP monitoring. At the close of the Round 3 PIP, Kentucky had a rating of substantially achieved for Safety Outcome 2 in 58.46% of cases reviewed. The most recent KY CFSR data (October 2022-March 2023, PUR) shows that Kentucky has a rating of substantially achieved in 47.22% of cases – almost 10% below the final PIP measurement period.

Results from the April 2024 CFSP Stakeholder CQI survey, sent to 143 recipients, indicated that of the 45 survey respondents, 25 (55.55%) agreed and eight respondents (17.77%) strongly agreed that Kentucky’s child welfare agency can meet the goals for Safety Outcome 2. This measure has an overall 73.32% favorable rating from stakeholders.

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 and, throughout the PIP, proved to be the most challenging item regarding goal achievement. Kentucky scored a strength in 66.67% of the applicable cases in 2016 during the CFSR. During the PIP baseline, scores indicated that Kentucky only had a strength in 54.9% of the cases. Kentucky ended the PIP monitoring period with a strength rating of 57.97% for Item 2, failing to meet the PIP goal of 63.8%. Current KY CFSR scores (October 1, 2022 – March 31, 2023, PUR) show lower ratings compared to final PIP monitoring scores with a strength rating of 54.9%.

Table 5 KY CFSR OSRI Case Review Data for Item 2

Period Under Review	Strength Rating
CFSR Round 3	66.7%
PIP Baseline (PUR September 2017-February 2018)	54.9%
September 1, 2020 – February 28, 2021	55.17%
March 1, 2021 – August 31, 2021	57.97%
PIP End (April 2021-September 2021)	57.97%
September 1, 2021 – December 31, 2021*	57.14%
January 1, 2022 – February 28, 2022**	82.35%
March 1, 2022 – August 31, 2022	64.44%
September 1, 2022 – February 28, 2023	47.83%
October 1, 2022 – March 31, 2023	54.9%

*End of Round 3 OSRI data

**Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle

The number of cases applicable for Item 2 review utilizing the Round 4 tool have increased, potentially impacting scores. Item 2 scores have historically been impacted by the lack of immediacy and making appropriate referrals when putting services into place. Barriers to immediacy include caseloads, lack of immediate safety services in some areas of the state, and lack of understanding what constitutes immediacy regarding safety services. A barrier identified during mapping included issues with service providers and contracts impacting the services provided. For example, the definition of imminent risk has changed since development of the Family Preservation contract. Transportation (distance to providers) and waiting lists were also noted as barriers to services.

For more information related to Item 2, please refer to *Section III: Assessment of Child and Family Outcomes, A. Safety, Safety Outcomes 1 and 2, Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect, Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care in Kentucky’s CFSR Round 4 Statewide Assessment.*

Item 3: Risk and Safety Assessment and Management

Item 3 is an **area needing improvement** for Kentucky. Kentucky scored a strength in 60% of the applicable cases in CFSR Round 3. During the PIP baseline, scores indicated that Kentucky only had a strength in 49.44% of the cases. Kentucky successfully met its PIP goal (54.2%) with a strength rating of 56.84% in the 40th PIP MP. Kentucky ended the PIP monitoring period with a strength rating of 58.46% for Item 3, showing continued improvement. Current KY CFSR scores (October 1, 2022 – March 31, 2023, PUR) show a strength rating of 49.44%.

Table 6 KY CFSR OSRI Case Review Data for Item 3

Period Under Review	Strength Rating
CFSR Round 3	60%
PIP Baseline (September 2017-February 2018)	49.44%
PIP Goal Achievement-54.2% (40th MP January 2021-June 2021)	56.84%
September 1, 2020 – February 28, 2021	47.78%
March 1, 2021 – August 31, 2021	56.61%
PIP End (April 2021-September 2021)	58.46%
September 1, 2021 – December 31, 2021*	57.5%
January 1, 2022 – February 28, 2022**	55%
March 1, 2022 – August 31, 2022	55%
September 1, 2022 – February 28, 2023	47.22%
October 1, 2022 – March 31, 2023	49.44%

*End of Round 3 OSRI data

**Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle

Item 3 scores are often impacted by assessments that are not accurate and comprehensive – incident focused instead of taking a holistic approach, which includes but is not limited to underlying issues associated with maltreatment not addressed properly in the assessment; failure to assess all household members, compromising safety; failure when one child is in OOHC to assess other children remaining in

the home of origin; failure to negotiate appropriate tasks with families on safety plans or monitor/follow-up sufficiently on safety plans; lack of collateral contact; failure to speak to children privately; failure to return to the home to assess safety threats during the case; lack of attempts to locate and engage fathers; and failure to complete safety assessments prior to reunification.

Barriers contributing to these trends include staff shortages and high caseloads, lack of cooperation from families, distance of families and transient parents, and substance abuse and/or mental health of parents.

For more information related to Item 3, please refer to *Section III: Assessment of Child and Family Outcomes, A. Safety, Safety Outcomes 1 and 2, Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect, Item 3: Risk and Safety Assessment and Management in Kentucky’s CFSR Round 4 Statewide Assessment.*

Permanency

Kentucky is **not in substantial conformity** with permanency outcomes 1 and 2. The Children’s Bureau’s CFSR Round 4 Data Profile from February 2024 shows mostly consistent RSP scores for permanency in 12 months (entries) over the past few reporting periods, with most recent scores better than national performance (35.2%) at 43%. For permanency in 12 months (24+ months), Kentucky has hovered slightly better than the national performance (37.3%) over the past several reporting periods, with the most recent RSP at 38.4%.

Although showing a steady increase over the past few reporting periods, Kentucky continues to perform worse than the national standard (43.8%) for permanency in 12 months (12-23 months) at an RSP of 37%. This standard has been an area needing improvement for Kentucky since Round 3.

Table 7 CFSR 4 Data Profile February 2024 RSP Permanency in 12 Months

	19A19 B	19B20 A	20A20 B	20B21 A	21A21 B	21B22 A	22A22 B	22B23 A	23A23 B
Permanency in 12 months (entries) National Performance: 35.2% ▲	42.3%	39.1%	40.9%	44.7%	44.1%	43.0%			
Permanency in 12 months (12-23 months) National Performance: 43.8% ▲				35.1%	35.9%	37.8%	38.4%	39.2%	37%

Permanency in 12 months (24+ months) National Performance: 37.3% ▲		40.0%	38.5%	39.1%	39.2%	39.2%	38.4%

Kentucky is currently, and has been over the past few submissions, performing worse than the national performance (5.6%) with reentry into foster care, fluctuating between 7% and 8%. The most recent RSP is 7.6%, indicating a need for improvement.

Table 8 CFSR 4 Data Profile February 2024 RSP Reentry to Foster Care

	19B20	20A20	20B21	21A21	21B22	22A22
	A	B	A	B	A	B
Reentry to foster care National Performance: 5.6% ▼	7.2%	7.0%	8.5%	8.0%	6.8%	7.6%

For more information related to permanency, please refer to *Section III: Assessment of Child and Family Outcomes, B. Permanency, Permanency Outcomes 1 and 2 in Kentucky’s CFSR Round 4 Statewide Assessment*.

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

Kentucky is **not in substantial conformity** with Permanency Outcome 1. During CFSR Round 3 (22.5% substantially achieved) and PIP baseline (30.56% substantially achieved), Permanency Outcome 1 was not in substantial conformity, requiring PIP monitoring. At the close of the Round 3 PIP, Kentucky had a rating of substantially achieved for Permanency Outcome 1 in 23.08% of cases reviewed. The most recent KY CFSR data (October 2022-March 2023 PUR) shows that Kentucky has a rating of substantially achieved in 23.61% of cases.

Results from the April 2024 CFSP Stakeholder CQI survey (N=143) indicate that of the 45 survey respondents, two respondents (4.44%) strongly agreed, and 19 (42.22%) agreed that Kentucky’s child welfare agency could meet the goal for Permanency Outcome 1. This measure has an overall 46.66% favorable rating from stakeholders.

For more information related to Permanency Outcome 1, please refer to *Section III: Assessment of Child and Family Outcomes, B. Permanency, Permanency Outcomes 1 and 2, Permanency Outcome 1: Children have permanency and stability in their living situations in Kentucky’s CFSR Round 4 Statewide Assessment*.

Item 4: Stability of Foster Care Placement

Item 4 is an **area needing improvement** for Kentucky. Kentucky scored a strength in 67.5% of the applicable cases in CFSR Round 3. During the PIP baseline, scores indicated that Kentucky improved from CFSR Round 3 with a strength in 77.78% of the cases. Kentucky successfully met its PIP goal (84%) with a strength rating of 85% in the 31st PIP MP. Kentucky ended the PIP monitoring period with a strength

rating of 76.92% for Item 4, showing a decrease. Current KY CFSR scores (October 1, 2022 – March 31, 2023, PUR) show a strength rating of 75% – a 10% decrease from the highest point of measurement.

Table 9 KY CFSR OSRI Case Review Data for Item 4

Period Under Review	Strength Rating
CFSR Round 3	67.5%
PIP Baseline (September 2017-February 2018)	77.78%
PIP Goal Achievement-84% (31st MP April 2020 - Sept 2020)	85%
September 1, 2020 – February 28, 2021	79.17%
March 1, 2021 – August 31, 2021	75.64%
PIP End (April 2021-September 2021)	76.92%
September 1, 2021 – December 31, 2021*	83.33%
January 1, 2022 – February 28, 2022**	79.17%
March 1, 2022 – August 31, 2022	76.39%
September 1, 2022 – February 28, 2023	76.39%
October 1, 2022 – March 31, 2023	75%

*End of Round 3 OSRI data

**Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle

Trends identified affecting scores for Item 4 include a combination of placement in residential facilities and children with higher levels of acuity, and biological families influencing the child(ren) to disrupt placements. The greatest barriers include the lack of foster parents willing to take youth with higher acuity needs and large sibling groups.

Kentucky’s CFSR 4 Data Profile from February, as indicated in Table 10, demonstrates that placement stability (moves/1,000 days in care) has hovered around national performance (4.48%) over the last several submissions. The most recent RSP shows that Kentucky is currently performing slightly worse than the national performance by .44%, with a score of 4.92%.

Table 10 CFSR 4 Data Profile February 2024 RSP Placement Stability

	20B21	21A21	21B22	22A22	22B23	23A23
	A	B	A	B	A	B
Placement stability (moves/1,000 days in care) National Performance: 4.48 ▼	3.92	4.33	4.16	4.45	4.71	4.92

For more information related to Item 4, please refer to *Section III: Assessment of Child and Family Outcomes, B. Permanency, Permanency Outcomes 1 and 2, Permanency Outcome 1: Children have*

permanency and stability in their living situations, Item 4: Stability of Foster Care Placement in Kentucky’s CFSR Round 4 Statewide Assessment.

Item 5: Permanency Goal for Child

Item 5 is an **area needing improvement** for Kentucky. Kentucky scored a strength in 32.5% of the applicable cases in CFSR Round 3. During the PIP baseline, scores indicated that Kentucky improved from CFSR Round 3 with a strength in 54.29% of the cases. Kentucky ended the PIP monitoring period with a strength rating of 50% for Item 5, failing to meet the PIP goal (61.9%) by roughly 10%. Current KY CFSR scores (October 1, 2022 – March 31, 2023, PUR) show a strength rating of 45.83%, demonstrating a continued decrease for Item 5.

Table 11 KY CFSR OSRI Case Review Data for Item 5

Period Under Review	Strength Rating
CFSR Round 3	32.5%
PIP Baseline (September 2017-February 2018)	54.29%
September 1, 2020 – February 28, 2021	45.07%
March 1, 2021 – August 31, 2021	48.68%
PIP End (April 2021-September 2021)	50%
September 1, 2021 – December 31, 2021*	58.33%
January 1, 2022 – February 28, 2022**	39.13%
March 1, 2022 – August 31, 2022	52.78%
September 1, 2022 – February 28, 2023	43.06%
October 1, 2022 – March 31, 2023	45.83%

*End of Round 3 OSRI data

**Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle

Delays in establishing permanency goals were identified as factors contributing to decreased scores. These delays led to the initial establishment of inappropriate goals as frontline staff often felt compelled to choose a particular goal, even when not appropriate. Other issues noted include court delays and denying goal changes, inappropriate permanency goals, failure to meet termination of parental rights (TPR) timeframes, failure to implement concurrent planning, the child not agreeing with the goal change, and parental challenges with case plan success. Lack of training for new staff around the permanency process and Office of Legal Services (OLS) not certifying cases for goal changes until a child is placed in an adoptive home are some of the identified barriers for Item 5.

For more information related to Item 5, please refer to *Section III: Assessment of Child and Family Outcomes, B. Permanency, Permanency Outcomes 1 and 2, Permanency Outcome 1: Children have permanency and stability in their living situations, Item 5: Permanency Goal for Child* in Kentucky’s CFSR Round 4 Statewide Assessment.

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

Item 6 is an **area needing improvement** for Kentucky. Kentucky scored a strength in 35% of the applicable cases in CFSR Round 3. During the PIP baseline, scores indicated that Kentucky improved from

CFSR Round 3 with a strength in 38.89% of the cases. Kentucky ended the PIP monitoring period with a strength rating of 33.33% for Item 6, failing to meet the PIP goal (46.2%) by over 10%. Current KY CFSR scores (October 1, 2022 – March 31, 2023, PUR) show a decrease from the final PIP measurement period at 30.56%.

Table 12 KY CFSR OSRI Case Review Data for Item 6

Period Under Review	Strength Rating
CFSR Round 3	35%
PIP Baseline (September 2017-February 2018)	38.89%
September 1, 2020 – February 28, 2021	26.39%
March 1, 2021 – August 31, 2021	32.05%
PIP End (April 2021-September 2021)	33.33%
September 1, 2021 – December 31, 2021*	35.42%
January 1, 2022 – February 28, 2022**	37.5%
March 1, 2022 – August 31, 2022	41.67%
September 1, 2022 – February 28, 2023	27.78%
October 1, 2022 – March 31, 2023	30.56%

*End of Round 3 OSRI data

**Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle

Court delays were the leading cause of postponements to achieving reunification, guardianship, adoption, or other planned permanent living arrangement, including lingering effects of the COVID-19 pandemic. Lack of concerted efforts to facilitate permanency on the part of the court, and disagreement with goal changes were the most frequent concerns. In most cases where the courts did not make concerted efforts to achieve permanency in a timely manner, it was noted that the department’s efforts were also lacking. Additional concerns noted included the child turning 18, length of time between a goal change and TPR, paternity in question, and parental challenges with case plan success. Additionally, barriers include issues with attorneys creating delays for billable hours, child behaviors, especially when not wanting to be adopted, inappropriate permanency goals, failure to correctly use TPR exceptions, and staffing shortages and caseload size.

For more information related to Item 6, please refer to *Section III: Assessment of Child and Family Outcomes, B. Permanency, Permanency Outcomes 1 and 2, Permanency Outcome 1: Children have permanency and stability in their living situations, Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement in Kentucky’s CFSR Round 4 Statewide Assessment.*

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

Kentucky is **not in substantial conformity** with Permanency Outcome 2, however, has made significant progress since CFSR Round 3. During Round 3 (56.41% substantially achieved) and PIP baseline (54.17% substantially achieved), Permanency Outcome 2 was not in substantial conformity, requiring PIP monitoring. At the close of the Round 3 PIP, Kentucky had made substantial progress, with a rating of

substantially achieved for Permanency Outcome 2 in 79.49% of cases reviewed. Current KY CFSR data (October 2022-March 2023, PUR) shows that Kentucky continues to make significant progress in Permanency Outcome 2, with a rating of substantially achieved in 91.55% of cases. This score is only 3.45% from the Children’s Bureau threshold for substantial conformity.

Results from the April 2024 CFSP Stakeholder CQI survey (N=143) indicate that of the 45 survey respondents, five respondents (11.11%) strongly agree, and 20 (44.44%) agreed that Kentucky’s child welfare agency could meet the goal for Permanency Outcome 2. This measure has an overall 55.55% favorable rating from stakeholders.

For more information related to permanency, please refer to *Section III: Assessment of Child and Family Outcomes, B. Permanency, Permanency Outcomes 1 and 2, Permanency Outcome 1: Children have permanency and stability in their living situations, Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement in Kentucky’s CFSR Round 4 Statewide Assessment.*

Item 7: Placement with Siblings

Kentucky continues to excel in *Item 7 Placement with Siblings*, which is assessed as a **strength** in the CFSR Round 4 statewide assessment. Kentucky scored a strength rating in 96.15% of the applicable cases in CFSR Round 3, exceeding the Children’s Bureau’s threshold. Therefore, PIP monitoring was not required. During the PIP baseline, scores indicated that Kentucky continued to do well with this item, with a strength rating of 94.29%. Kentucky ended the PIP monitoring period with a strength rating in 100% of cases reviewed. Current KY CFSR scores (October 2022 – March 2023, PUR) show that Kentucky continues to surpass the 95% threshold, with a strength rating of 96.67%. In the instances where the state does not meet the threshold, large sibling groups and the children’s mental health needs impact scores.

Table 13 KY CFSR OSRI Case Review Data for Item 7

Period Under Review	Strength Rating
CFSR Round 3	96%
PIP Baseline (September 2017-February 2018)	94.29%
September 1, 2020 – February 28, 2021	97.37%
March 1, 2021 – August 31, 2021	100%
PIP End (April 2021-September 2021)	100%
September 1, 2021 – December 31, 2021*	95.45%
January 1, 2022 – February 28, 2022**	100%
March 1, 2022 – August 31, 2022	94.29%
September 1, 2022 – February 28, 2023	100%
October 1, 2022 – March 31, 2023	96.67%

*End of Round 3 OSRI data

**Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle

For more information related to Item 7, please refer to *Section III: Assessment of Child and Family Outcomes, B. Permanency, Permanency Outcomes 1 and 2, Permanency Outcome 1: Children have*

permanency and stability in their living situations, Item 7: Placement with Siblings in Kentucky’s CFSR Round 4 Statewide Assessment.

Item 8: Visiting with Parents and Siblings in Foster Care

Item 8 is an **area needing improvement**; however, Kentucky has made significant progress since CFSR Round 3. Kentucky scored a strength in 63.33% of the applicable cases in Round 3. Item 8, however, was not required for PIP monitoring. In the PIP baseline, scores indicated that Kentucky declined from CFSR Round 3 with a strength in 46.15% of the cases. Kentucky ended the PIP monitoring period with a strength rating of 77.27% for Item 8, a significant increase in scores over the monitoring period. Current KY CFSR scores (October 2022 – March 2023, PUR) show further improvement, with a strength rating of 90% – only 5% from the Children’s Bureau’s threshold.

Table 14 KY CFSR OSRI Case Review Data for Item 8

Period Under Review	Strength Rating
CFSR Round 3	63.33%
PIP Baseline (September 2017-February 2018)	46.15%
September 1, 2020 – February 28, 2021	62.5%
March 1, 2021 – August 31, 2021	78.57%
PIP End (April 2021-September 2021)	77.27%
September 1, 2021 – December 31, 2021*	76.92%
January 1, 2022 – February 28, 2022**	84.62%
March 1, 2022 – August 31, 2022	77.5%
September 1, 2022 – February 28, 2023	81.82%
October 1, 2022 – March 31, 2023	90%

*End of Round 3 OSRI data

**Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle

In recent reviews, it has been noted that the number of cases where courts order no contact with parents have decreased. However, lack of agency contact with parents continues to interfere with visitation.

For more information related to Item 8, please refer to *Section III: Assessment of Child and Family Outcomes, B. Permanency, Permanency Outcomes 1 and 2, Permanency Outcome 1: Children have permanency and stability in their living situations, Item 8: Visiting with Parents and Siblings in Foster Care in Kentucky’s CFSR Round 4 Statewide Assessment.*

Item 9: Preserving Connections

Item 9 is an **area needing improvement** for Kentucky. In CFSR Round 3, Kentucky scored a strength in 68.42% of the applicable cases. Item 9, however, was not required for PIP monitoring. In the PIP baseline, scores indicated a decrease from CFSR Round 3 with a strength in 62.86% of the cases. Kentucky finished the PIP monitoring period with scores slightly above CFSR Round 3 with a strength rating of 69.23%. Current KY CFSR data (October 2022 – March 2023, PUR) shows further improvement, with a strength rating of 78.87% – a 10% increase from final PIP monitoring scores.

Table 15 KY CFSR OSRI Case Review Data for Item 9

Period Under Review	Strength Rating
CFSR Round 3	68.42%
PIP Baseline (September 2017-February 2018)	62.86%
September 1, 2020 – February 28, 2021	66.67%
March 1, 2021 – August 31, 2021	71.79%
PIP End (April 2021-September 2021)	69.23%
September 1, 2021 – December 31, 2021*	66.67%
January 1, 2022 – February 28, 2022**	79.17%
March 1, 2022 – August 31, 2022	68.06%
September 1, 2022 – February 28, 2023	76.06%
October 1, 2022 – March 31, 2023	78.87%

*End of Round 3 OSRI data

**Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle

A recent trend in cases demonstrates that many children do not stay connected to friends or other family when entering care. Barriers are related to staff’s lack of understanding regarding the significance in preserving connections. Specially, staff believe that if a relative is not appropriate or unavailable for placement, then contact must cease. Staffing shortages and high caseloads also affect scores for this item.

For more information related to Item 9, please refer to *Section III: Assessment of Child and Family Outcomes, B. Permanency, Permanency Outcomes 1 and 2, Permanency Outcome 1: Children have permanency and stability in their living situations, Item 9: Preserving Connections in Kentucky’s CFSR Round 4 Statewide Assessment.*

Item 10: Relative Placement

Item 10 is an *area needing improvement* for Kentucky. Kentucky scored a strength in 54.29% of the applicable cases during CFSR Round 3. Item 10, however, was not required for PIP monitoring. In the PIP baseline, Kentucky saw improvements with a strength rating in 68.66% of the cases reviewed. Continued improvements were observed in the final PIP monitoring period, with a strength rating of 87.01%. Current KY CFSR data (October 2022 – March 2023, PUR) shows further improvement, with a strength rating of 84.85% – roughly 10% from the Children’s Bureau’s threshold.

Table 16 KY CFSR OSRI Case Review Data for Item 10

Period Under Review	Strength Rating
CFSR Round 3	54.29%
PIP Baseline (September 2017-February 2018)	68.66%
September 1, 2020 – February 28, 2021	84.51%
March 1, 2021 – August 31, 2021	85.53%
PIP End (April 2021-September 2021)	87.01%

September 1, 2021 – December 31, 2021*	89.36%
January 1, 2022 – February 28, 2022**	95.65%
March 1, 2022 – August 31, 2022	93.94%
September 1, 2022 – February 28, 2023	85.29%
October 1, 2022 – March 31, 2023	84.85%

*End of Round 3 OSRI data

**Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle

A trend identified that affects scores for Item 10 include failure to reassess relatives for placement after initial assessment. Child Specific Recruitment staff are beneficial when identifying relative placements. Training concerns, staffing shortages, and high caseloads contribute to lower scores for this item.

For more information related to Item 10, please refer to *Section III: Assessment of Child and Family Outcomes, B. Permanency, Permanency Outcomes 1 and 2, Permanency Outcome 1: Children have permanency and stability in their living situations, Item 10: Relative Placement in Kentucky's CFSR Round 4 Statewide Assessment.*

Item 11: Relationship of Child in Care with Parents

Item 11 is an **area needing improvement** for Kentucky. CFSR Round 3 scores showed strength ratings in 52.17% of case reviewed. Item 11, however, was not required for PIP monitoring. In the PIP baseline, Kentucky saw a decrease with only 43.75% of the cases reviewed receiving a strength rating. Improvements occurred over the PIP monitoring period, with 58.33% of cases reviewed receiving a strength rating. Current KY CFSR data (October 2022 – March 2023, PUR) shows further improvement, with a strength rating of 93.75% – only 1.25% from the Children’s Bureau’s threshold.

Table 17 KY CFSR OSRI Case Review Data for Item 11

Period Under Review	Strength Rating
CFSR Round 3	52.17%
PIP Baseline (September 2017-February 2018)	43.75%
September 1, 2020 – February 28, 2021	63.64%
March 1, 2021 – August 31, 2021	62.86%
PIP End (April 2021-September 2021)	58.33%
September 1, 2021 – December 31, 2021*	52.38%
January 1, 2022 – February 28, 2022**	70%
March 1, 2022 – August 31, 2022	79.41%
September 1, 2022 – February 28, 2023	84.62%
October 1, 2022 – March 31, 2023	93.75%

*End of Round 3 OSRI data

**Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle

It has been noted through reviews that parents are not encouraged to attend anything outside of visitation with and for their children. Foster parents and biological parents not encouraged to become a team who would work together to meet the needs of the child. Staff inexperience and lack of

understanding the importance of this connection affects scores for Item 11, in addition to foster parents not understanding the importance of working with the biological parents.

For more information related to Item 11, please refer to *Section III: Assessment of Child and Family Outcomes, B. Permanency, Permanency Outcomes 1 and 2, Permanency Outcome 1: Children have permanency and stability in their living situations, Item 11: Relationship of Child in Care with Parents in Kentucky’s CFSR Round 4 Statewide Assessment.*

Well-being

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

Kentucky is **not in substantial conformity** with Wellbeing Outcome 1. During CFSR Round 3 (30.77% substantially achieved) and PIP baseline (32.22% substantially achieved), Wellbeing Outcome 1 was not in substantial conformity, requiring PIP monitoring. At the close of the Round 3 PIP, Kentucky had a rating of substantially achieved for Wellbeing Outcome 1 in 50.77% of cases reviewed. The most recent KY CFSR data (October 2022-March 2023, PUR) shows that Kentucky has a rating of substantially achieved in 48.89% of cases.

Results from the April 2024 CFSP Stakeholder CQI survey, sent to 143 recipients, indicate that of the 45 survey respondents, four respondents (8.88%) strongly agreed, and 19 (42.22%) agreed that Kentucky’s child welfare agency can meet the goals for Wellbeing Outcome 1. This measure has an overall 51.10% favorable rating from stakeholders.

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

Item 12, comprised of three sub items, is an **area needing improvement** for Kentucky. CFSR Round 3 scores showed strength ratings in 33.85% of case reviewed. In the PIP baseline, Kentucky’s scores increased, with a strength rating of 40.78%. Kentucky surpassed its PIP goal (45.5%) in the 36th measurement period with a strength rating of 47.78%. Kentucky finished the PIP monitoring period with a strength rating of 53.33%. Current KY CFSR data (October 2022 – March 2023, PUR) shows further improvement, with a strength rating of 54.44%.

Table 18 KY CFSR OSRI Case Review Data for Item 12

Period Under Review	Strength Rating			
	12	12A	12B	12C
CFSR Round 3	33.85%	67.69%	38.6%	81.08%
PIP Baseline (September 2017-February 2018)	40.78%	64.25%	38.75%	83.05%
PIP Goal Achievement-45.5% (36th MP September 2020-February 2021)	47.78%	62.22%	39.13%	86.96%
March 1, 2021 – August 31, 2021	50.26%	71.43%	44.74%	85.53%
PIP End (April 2021-September 2021)	53.33%	72.31%	48.41%	85.71%
September 1, 2021 – December 31, 2021*	51.67%	64.17%	46.39%	82.61%
January 1, 2022 – February 28, 2022**	56.67%	71.67%	53.19%	95.45%
March 1, 2022 – August 31, 2022	48.33%	65.56%	39.29%	87.5%
September 1, 2022 – February 28, 2023	51.67%	72.78%	49.28%	85.71%

October 1, 2022 – March 31, 2023	54.44%	74.44%	51.75%	86.36%
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**End of Round 3 OSRI data*

***Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle*

Reviews show that assessment of children and foster parents is usually comprehensive. However, parents are not seen frequently enough for comprehensive assessments. Kentucky also struggles with assessing all appropriate family members and appropriately engaging families. This can be attributed to staff shortages and high caseloads, the loss of virtual visits, and lack of training to teach staff the importance of holistic assessments.

For more information related to Item 12, including analysis of sub items 12a-c , please refer to *Section III: Assessment of Child and Family Outcomes, C. Well-being, Well-being Outcomes 1, 2, and 3, Well-being Outcome 1: Families have enhanced capacity to provide for their children’s needs, Item 12: Needs and Services of Child, Parents, and Foster Parents in Kentucky’s CFSR Round 4 Statewide Assessment.*

Item 13: Child and Family Involvement in Case Planning

Item 13 is an **area needing improvement** for Kentucky. CFSR Round 3 scores showed strength ratings in 39.68% of case reviewed. In the PIP baseline, Kentucky’s scores slightly decreased, with a strength rating of 37.93%. Kentucky surpassed its PIP goal (42.6%) in the 37th measurement period with a strength rating of 44.91%. Kentucky finished the PIP monitoring period with a strength rating of 52.31% – roughly 10% over the PIP goal. Current KY CFSR data (October 2022 – March 2023, PUR) shows further improvement, with a strength rating of 54.71%.

Table 19 KY CFSR OSRI Case Review Data for Item 13

Period Under Review	Strength Rating
CFSR Round 3	39.68%
PIP Baseline (September 2017-February 2018)	37.93%
September 1, 2020 – February 28, 2021	40.83%
PIP Goal Achievement-42.6% (37th MP October 2020-March 2021)	44.91%
March 1, 2021 – August 31, 2021	50.27%
PIP End (April 2021-September 2021)	52.31%
September 1, 2021 – December 31, 2021*	53.04%
January 1, 2022 – February 28, 2022**	56.14%
March 1, 2022 – August 31, 2022	50.9%
September 1, 2022 – February 28, 2023	52.38%
October 1, 2022 – March 31, 2023	54.71%

**End of Round 3 OSRI data*

***Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle*

Lack of engagement with families significantly contributes to the low scores for Item 13. Staff are not making concerted efforts to include all family members, including developmentally appropriate children, incarcerated family members, or transient family members. This is especially evident in case planning, as family members were not given the opportunity to provide input into the development of their case

plans or choose their service providers and were not aware that they had a voice in the case planning process. As a result, case plan tasks were not appropriate given the circumstances of the case and were not monitored by the agency on a continual basis for progress or completion.

Barriers to full engagement include staff shortages and high caseloads, lack of frequent and ongoing contact with families and children, failure to properly utilize family team meetings, and staff’s lack of understanding engagement.

For more information related to Item 13, please refer to *Section III: Assessment of Child and Family Outcomes, C. Well-being, Well-being Outcomes 1, 2, and 3, Well-being Outcome 1: Families have enhanced capacity to provide for their children’s needs, Item 13: Child and Family Involvement in Case Planning in Kentucky’s CFSR Round 4 Statewide Assessment.*

Item 14: Caseworker Visits with Child

Item 14 is an **area needing improvement** for Kentucky. CFSR Round 3 scores showed strength ratings in 58.46% of cases reviewed. In the PIP baseline, Kentucky’s scores decreased, with a strength rating of 53.33%. Kentucky surpassed its PIP goal (58.1%) in the 37th measurement period with a strength rating of 60%. Kentucky finished the PIP monitoring period with a strength rating of 66.67%, indicating continuous improvement. Current KY CFSR data (October 2022 – March 2023, PUR) shows somewhat of a decrease, with a strength rating of 61.11%. However, Kentucky remains above the PIP goal.

Table 20 KY CFSR OSRI Case Review Data for Item 14

Period Under Review	Strength Rating
CFSR Round 3	58.46%
PIP Baseline (September 2017-February 2018)	53.33%
September 1, 2020 – February 28, 2021	57.78%
PIP Goal Achievement-58.1% (37th MP October 2020-March 2021)	60%
March 1, 2021 – August 31, 2021	65.61%
PIP End (April 2021-September 2021)	66.67%
September 1, 2021 – December 31, 2021*	62.5%
January 1, 2022 – February 28, 2022**	63.33%
March 1, 2022 – August 31, 2022	61.67%
September 1, 2022 – February 28, 2023	58.33%
October 1, 2022 – March 31, 2023	61.11%

*End of Round 3 OSRI data

**Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle

Trends affecting scores for Item 14 include workers not visiting children in private and not assessing other children in the home. The overarching concern is related to the lack of frequent and ongoing contact with children. Additionally, the department is not identifying cases that warrant more frequent contact with the children, for example, visits in high-risk cases with children under the age of four were not occurring frequently enough to assess for safety and well-being.

Staff shortages and high caseloads, the perceived notion that children are safe in foster care, and the distance children are placed from the worker are often identified as barriers.

For more information related to Item 14, please refer to *Section III: Assessment of Child and Family Outcomes, C. Well-being, Well-being Outcomes 1, 2, and 3, Well-being Outcome 1: Families have enhanced capacity to provide for their children’s needs, Item 14: Caseworker Visits with Child in Kentucky’s CFSR Round 4 Statewide Assessment.*

Item 15: Caseworker Visits with Parents

Item 15 is an **area needing improvement** for Kentucky. CFSR Round 3 scores showed strength ratings in 41.07% of cases reviewed. In the PIP baseline, Kentucky’s scores decreased, with a strength rating of 36.94%. Kentucky surpassed its PIP goal (41.9%) in the 41st measurement period with a strength rating of 43.37%. Kentucky finished the PIP monitoring period with a strength rating of 41.92% indicating a slight decrease, but consistent with the PIP goal. Current KY CFSR data (October 2022 – March 2023, PUR) shows a large decrease, with a strength rating of 39.57%.

Table 21 KY CFSR OSRI Case Review Data for Item 15

Period Under Review	Strength Rating
CFSR Round 3	41.07%
PIP Baseline (September 2017-February 2018)	36.94%
September 1, 2020 – February 28, 2021	32.35%
PIP Goal Achievement-41.9% (41st MP February 2021-July 2021)	43.37%
March 1, 2021 – August 31, 2021	40%
PIP End (April 2021-September 2021)	41.92%
September 1, 2021 – December 31, 2021*	40.63%
January 1, 2022 – February 28, 2022**	44.68%
March 1, 2022 – August 31, 2022	28.68%
September 1, 2022 – February 28, 2023	36.84%
October 1, 2022 – March 1, 2023	39.57%

*End of Round 3 OSRI data

**Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle

The overall trend affecting scores for Item 15 is that both parents are not being seen. Staff shortages and high caseloads, parents being transient, lack of cooperation of parents, and parents residing out-of-state often contribute to staff not visiting with parents.

For more information related to Item 15, please refer to *Section III: Assessment of Child and Family Outcomes, C. Well-being, Well-being Outcomes 1, 2, and 3, Well-being Outcome 1: Families have enhanced capacity to provide for their children’s needs, Item 15: Caseworker Visits with Parents in Kentucky’s CFSR Round 4 Statewide Assessment.*

Well-being Outcome 2: Children receive appropriate services to meet their educational needs. Kentucky is **not in substantial conformity** with Wellbeing Outcome 2, however, has historically scored highly in this outcome and continues to show improvement. During CFSR Round 3 (77.27% substantially achieved) and PIP baseline (79.22% substantially achieved), Wellbeing Outcome 2 was not in substantial conformity. However, Kentucky was not required to monitor this outcome during PIP monitoring. At the close of the Round 3 PIP, Kentucky had a rating of substantially achieved for Wellbeing Outcome 2 in 79.07% of cases reviewed. The most recent KY CFSR data (October 2022-March 2023, PUR) shows that Kentucky has a rating of substantially achieved in 88.61% of cases.

Results from the April 2024 CFSP Stakeholder CQI survey (N=143) indicate that of the 45 survey respondents, eight respondents (17.77%) strongly agreed, and 16 (35.55%) agreed that Kentucky’s child welfare agency can meet the goals for Well-Being Outcome 2. This measure has an overall 53.32% favorable rating from stakeholders.

Item 16: Educational Needs of the Child

Item 16 is an **area needing improvement** for Kentucky, however, is an item in which Kentucky scores highly. CFSR Round 3 scores showed strength ratings in 77.27% of cases reviewed. For the PIP baseline, Kentucky’s showed improvement, with a strength rating of 79.22%. Kentucky was not required to monitor this item for the PIP, however, finished the monitoring period with a strength rating of 79.07%. Current KY CFSR data (October 2022 – March 2023, PUR) shows even further improvement with a strength rating of 88.61%.

Table 22 KY CFSR OSRI Case Review Data for Item 16

Period Under Review	Strength Rating
CFSR Round 3	77.27%
PIP Baseline (September 2017-February 2018)	79.22%
September 1, 2020 – February 28, 2021	85.07%
March 1, 2021 – August 31, 2021	81.61%
PIP End (April 2021-September 2021)	79.07%
September 1, 2021 – December 31, 2021*	78.43%
January 1, 2022 – February 28, 2022**	96.55%
March 1, 2022 – August 31, 2022	82.67%
September 1, 2022 – February 28, 2023	87.34%
October 1, 2022 – March 31, 2023	88.61%

*End of Round 3 OSRI data

**Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle

Children with higher educational needs, such as IEPs, truancy, and behavioral issues at school that impact studies, and staff not having collateral contact with the educational system are the main contributors in cases with lower scores. Barriers include staff not seeing children frequently enough and staff not fully understanding the necessary components of Item 16.

For more information related to Item 16, please refer to *Section III: Assessment of Child and Family Outcomes, C. Well-being, Well-being Outcomes 1, 2, and 3, Well-being Outcome 2: Children receive appropriate services to meet their educational needs in Kentucky’s CFSR Round 4 Statewide Assessment.*

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

Kentucky is **not in substantial conformity** with Wellbeing Outcome 3. During CFSR Round 3 (59.32% substantially achieved) and PIP baseline (70.5% substantially achieved), Wellbeing Outcome 3 was not in substantial conformity. However, Kentucky was not required to monitor this outcome for PIP monitoring. At the close of the Round 3 PIP, Kentucky had a rating of substantially achieved for Wellbeing Outcome 3 in 69.39% of cases reviewed. The most recent KY CFSR data (October 2022-March 2023, PUR) shows that Kentucky has a rating of substantially achieved in 64.29% of cases.

Results from the April 2024 CFSP Stakeholder CQI survey (N=143) indicate that of the 45 survey respondents, seven respondents (15.55%) strongly agreed, and 16 (35.55%) agreed that Kentucky’s child welfare agency can meet the goals for Well-Being Outcome 3. This measure has an overall 51.10% favorable rating from stakeholders.

Item 17: Physical Health of the Child

Item 17 is an **area needing improvement** for Kentucky, however, is an item in which Kentucky scores highly. CFSR Round 3 scores showed strength ratings in 75.51% of cases reviewed. In the PIP baseline, Kentucky’s showed improvement, with a strength rating of 78.3%. Kentucky was not required to monitor this item for the PIP, however, finished the monitoring period with a strength rating of 80.19%, demonstrating further improvement. Current KY CFSR data (October 2022 – March 2023, PUR) shows some decrease with a strength rating of 75.25%.

Table 23 KY CFSR OSRI Case Review Data for Item 17

Period Under Review	Strength Rating
CFSR Round 3	75.51%
PIP Baseline (September 2017-February 2018)	78.3%
September 1, 2020 – February 28, 2021	80.2%
March 1, 2021 – August 31, 2021	76.47%
PIP End (April 2021-September 2021)	80.19%
September 1, 2021 – December 31, 2021*	77.46%
January 1, 2022 – February 28, 2022**	80.65%
March 1, 2022 – August 31, 2022	73%
September 1, 2022 – February 28, 2023	73.27%
October 1, 2022 – March 31, 2023	75.25%

*End of Round 3 OSRI data

**Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle

Trends within Item 17 scores include staff not viewing Medical Passports, and not knowing which appointments or medical requirements have or have not been completed. Staff shortages and high caseloads are the main contributor to cases with lower scores on Item 17.

For more information related to Item 17, please refer to *Section III: Assessment of Child and Family Outcomes, C. Well-being, Well-being Outcomes 1, 2, and 3, Well-being Outcome 3: Children receive adequate services to meet their physical and mental health needs, Item 17: Physical Health of the Child in Kentucky’s CFSR Round 4 Statewide Assessment.*

Item 18: Mental/Behavioral Health of the Child

Item 18 is an **area needing improvement** for Kentucky, however, is an item in which Kentucky scores highly. CFSR Round 3 scores showed strength ratings in 62.79% of cases reviewed. In the PIP baseline, Kentucky’s showed improvement, with a strength rating of 72.45%. Kentucky was not required to monitor this item for the PIP, however, finished the monitoring period with a strength rating of 70.91%. Current KY CFSR data (October 2022 – March 2023, PUR) shows some decrease with a strength rating of 72.32%.

Table 24 KY CFSR OSRI Case Review Data for Item 18

Period Under Review	Strength Rating
CFSR Round 3	62.79%
PIP Baseline (September 2017-February 2018)	72.45%
September 1, 2020 – February 28, 2021	66.32%
March 1, 2021 – August 31, 2021	72.97%
PIP End (April 2021-September 2021)	70.91%
September 1, 2021 – December 31, 2021*	59.02%
January 1, 2022 – February 28, 2022**	74.29%
March 1, 2022 – August 31, 2022	73.96%
September 1, 2022 – February 28, 2023	71.96%
October 1, 2022 – March 31, 2023	72.32%.

*End of Round 3 OSRI data

**Beginning of Round 4 OSRI data, last two months of the 6-month statewide review cycle

Reviews typically indicate, for cases with lower scores, trends related to the increased acuity level for children and staff not addressing substance abuse among children in care. Lack of services and staff shortages and high caseloads are the greatest barriers identified.

Systemic Factors

The following brief assessment of Kentucky’s current systemic factor functioning includes excerpts from *Kentucky’s CFSR Round 4 Statewide Assessment* highlighting the justification for Kentucky’s findings. For a complete assessment and evidence of each system factor item’s functioning, please refer to *Kentucky’s CFSR Round 4 Statewide Assessment.*

Information System

Kentucky assesses *Systemic Factor 1 Information System* to be **in substantial conformity**.

Item 19: Statewide Information System

Kentucky assesses *Item 19 Statewide Information System* as a **strength**. In CFSR Round 3, Item 19 was rated as a strength. Kentucky began Round 3 with a State Automated Child Welfare Information System (SACWIS) that was in transition to the Comprehensive Child Welfare Information System (CCWIS). Kentucky operated within both the Citrix version of SACWIS and a modernized, web based, Microsoft.NET platform. This was difficult and cumbersome for staff to maneuver back and forth between two systems. Improvements to TWIST continued as the state transitioned away from the dual platforms to a solely web-based platform.

Since Round 3, Kentucky fully transitioned to comply with CCWIS regulations. TWIST operates on a .net platform and is accessible to all staff. TWIST has the functionality that allows the state to readily identify the status, demographic characteristics, location, and goals for the placement of every child currently in foster care, and every child served by foster care since the implementation of TWIST in 1998. This is evidenced through various management reports including the TWS-W058, TWS-M202, TWS-M272, and queries completed by special request. The accuracy of demographic data collection is demonstrated through AFCARS low error rates, NCANDS bi-annual reports, and TWIST's built-in system stop-points that do not allow the user to proceed without entering required information. Strengths include TWIST's ability to capture a child's demographic characteristics (gender, age, and race), their entry into and exit from OOHC, placement location, plans for services, permanency goal, court activities, title IV-E determinations, service recordings, and ongoing case management activities including adoption placement and finalizations.

TWIST captures time stamps on every table when data is entered into the system for timeliness. TWIST is designed to promote thoroughness through a review and approval process for child welfare functions to ensure accurate data entry. In 2018, frontline staff were issued Dell tablets with cellular data plans to improve their access to case information. Frontline staff have access to all information in TWIST anywhere they have a Wi-Fi connection or cellular data service. On December 15, 2018, TWIST launched a new application module called i-TWIST Offline, which allows staff to download cases that are assigned to them. Once downloaded, workers have access to specific case documents (Service Recordings, Case Summary Face Sheet, and assessment summaries) which provide them with vital case information. The Case Summary Face Sheet provides a summary of all case individuals (name, SSN, date of birth, biological sex, human trafficking victim status, and location address) along with a summary of the intakes, assessments, and OOHC placement history in the case. TWIST users can access an individual's demographic and placement information through specific screens.

In summary, Kentucky's TWIST can readily identify the status, demographic characteristics, location, and goals for the placement of every child currently in and served by the state's foster care system. This is evidenced through multiple methods including built-in stop-points for data entry of demographic information at intake, management reports, AFCARS reports, SOP, and data monitoring at multiple levels.

Case Review System

Kentucky assesses *Systemic Factor 2 Case Review System* to ***not be in substantial conformity***.

Item 20: Written Case Plan

Kentucky assesses *Item 20 Written Case Plan* to be an ***area needing improvement***. In Round 3, this item was also an area needing improvement. The Round 3 CFSR found that parents were not routinely engaged in case planning and engagement varied based on the worker involved. Barriers included worker turnover, high caseloads, lack of available services to offer parents and, in some jurisdictions, punitive court practices that are not family centered. It was often identified that case plans were developed by the agency without parental involvement and prior to case planning conferences. As a result, Kentucky implemented PIP strategies and targeted activities including training for staff regarding quality engagement for case planning, the addition of engagement tip sheets in SOP, and interviewing parents regarding case planning during second level case reviews. Kentucky's PIP strategies proved to be successful, as the agency achieved the PIP goal for Item 13 Child and Family Involvement in Case Planning in the 37th measurement period, and the data has continued to steadily improve. While progress has been made, qualitative data and trends from case review show that Kentucky has more room for improvement, as overall, parents do not feel engaged in the case planning process.

In summary, over the last three years, Kentucky has made steady improvement in family involvement in case plans, as well as maintained consistent timely completion scores, confirmed through data monitoring. From 2021-2023, Kentucky's timely completion for OOHC case plans was a 79% strength rating, with 12,548 out of 15,908 being completed in 10 days or less from the child's entry into foster care. Timely completion of all case plans hovered between 88%-86% in the same timeframe. Strength ratings for Item 13 from KY CFSR case reviews also consistently increased in the three-year period, supporting that Kentucky is making progress in its concerted efforts to involve the mother and father in case planning. However, trends from case reviews as well as surveys conducted show that improvement is still needed in engaging parents. Input is not consistently sought from parents, with case plans often pre-written by the caseworker. While progress has been made, improvement is needed to fully engage parents in the case planning process.

Item 21: Periodic Reviews

Kentucky assesses *Item 21 Periodic Reviews* to be a ***strength***. In Round 3 of the CFSR, Kentucky received an overall rating of area needing improvement based on information from the statewide assessment and stakeholder interviews. Results found that there was no consistent statewide process in place to ensure that periodic reviews of every child in foster care occur no less frequently than once every six months. Currently, Kentucky has a robust, consistent periodic review process in the form of Interested Party Reviews (IPRs) and paper reviews by the Citizens Foster Care Review Board (CFCRB), in addition to traditional court reviews. An IPR is an interactive process in Kentucky's foster care system that involves meeting with family members and interested parties in the case and conducting a review of the case including progress made on the case plan. Findings and recommendations of the CFCRB and IPR are sent to the judge assigned to the case, parents, board chair members, and the state agency. Data results from AOC shows that nearly 95% of the children, statewide, receive a periodic review (paper review or IPR) within six months of the prior review.

Item 22: Permanency Hearings

In 2016, Kentucky received an overall strength rating for *Item 22 Permanency Hearings* based on information from the statewide assessment and stakeholder interviews. Based on information gathered and data obtained during Round 4, Kentucky continues to maintain a **strength** in permanency hearings.

The Annual Permanency Review (APR) is the permanency review held every 12 months by the court. The court is responsible for reviewing the youth's permanency plan. Most permanency goal recommendations are made during the APR; therefore, a timely APR is important to establishing permanency.

[SOP 11.30 Permanency Hearings](#) requires that a permanency hearing/APR be held no later than 12 months after the date a child is considered to have entered OOHC and every 12 months thereafter, as long as the cabinet retains custody of the child. This includes youth 18 years of age or older on extended/reinstated commitment if the cabinet retains custody.

According to the TWS-W058WI, the number of children in OOHC has steadily decreased from 2019 to 2023. Although the number of children with a timely APR initially increased from 2019 to 2020, numbers have decreased each year from 2020 to 2023. Correspondingly, the percentage of children in OOHC with a timely APR also went up from 2019 to 2020 and decreased slightly each year from 2020 (93.64%) to 2023 (88.43%).

Many relatives and fictive kin caregivers do not wish to terminate the rights of their family members, which can create a stressful dynamic for families and youth and have a direct impact on permanency. Kentucky is currently implementing regulatory changes that will provide more permanency options for youth in OOHC and their families. In July 2024, *Subsidized Permanent Custody* (the title IV-E Guardianship Assistance Program) will become a permanency option in Kentucky. This will allow youth and their relative/fictive kin caregivers to receive the support of a subsidy payment without having to terminate parental rights. Additionally, *Transition to Adulthood* will become a permanency option for older youth in care in Kentucky. This option will provide older youth with additional permanency choices, encouraging them to have a greater voice in their own permanency planning. These changes are expected to positively impact permanency compliance across the state.

As more permanency options become available, the systems supporting existing options are expected to be less delayed, therefore, the timeliness of APRs is expected to increase. Pairing this outlook with current strong statistics positions Kentucky for continued success with *Item 22 Permanency Hearings*.

Item 23: Termination of Parental Rights

In CFSR Round 3, Kentucky received an overall rating of **area needing improvement** for *Item 23 Termination of Parental Rights* based on information from the statewide assessment and stakeholder interviews. It was anticipated that adding data elements in Kentucky's CCWIS to collect data regarding timeliness of TPR, and whether compelling reasons have been documented for an Adoption and Safe Families Act (ASFA) exemption, that case review scores would rise. The state was advised to work with the service regions to ensure that staff were aware of state policies regarding ASFA exemptions to ensure timely completion.

Information in the statewide assessment and collected during stakeholder interviews in Round 3 showed that the filing of TPR proceedings was not occurring as required and timeliness of filing varied by region. Although pre-permanency conferences were occurring to prepare for permanency decisions, including TPR filing, delays were experienced in some regions. Some barriers included a lack of adequate staffing in OLS to process petitions. The department will continue to work with the courts and partner engagement to address this issue.

Item 23 Termination of Parental Rights remains an area needing improvement in the CFSR Round 4 statewide assessment. With the work Kentucky has done regarding permanency calls and the planned improvements to identify and tracking potential TPR cases and cases with ASFA exemptions, the state will continue to make progress towards a strength on Item 23. However, due to the current inability to reliably track these factors, this item remains an area needing improvement.

Item 24: Notice of Hearings and Reviews to Caregivers

Kentucky received an overall rating of area needing improvement for Item 24 in Round 3. Information provided in the statewide assessment indicated that foster parents were not routinely notified of reviews and court hearings, and that their right to be heard in these proceedings was not always guaranteed. Kentucky reported in the statewide assessment that in some jurisdictions caregivers are not allowed to remain in the courtroom or offer information during the hearing. The state did not have a standard statewide process to ensure that caregivers were consistently notified of or invited to participate in periodic reviews or informed of their right to be heard in hearings.

For Round 4, Kentucky assesses *Item 24 Notice of Hearings and Reviews to Caregivers* as an **area needing improvement**, as the system is not functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are receiving appropriate notification of hearings. Kentucky has requirements clearly outlined in the department's SOP and Kentucky Revised Statutes (KRS) and relies on the court to issue notices to caregivers. Because the court process does not track foster and adoptive parent notifications, administrative data is unavailable. Documentation of court notification and participation is contained in the case file but would require extensive case reviews to determine frequency. Focus groups and Foster Parent Survey data supported Item 24 remaining an area needing improvement.

Based upon annual foster parent survey data for the previous three years, and the statewide assessment survey results for 2024, it appears the department has made improvements in the notification of hearings. This is likely due to a streamlined process of staff utilizing the AOC-DNA-13 form. There are limitations with the data as the planned data interface between the department and AOC remains pending. Additionally, AOC reports that data surrounding court notifications is not captured in their system, therefore, there is no data to share with the department even if an interface existed. The department will continue to consult with AOC to improve outcomes. Based on available data, this item remains an area needing improvement.

Quality Assurance System

Kentucky assesses *Systemic Factor 3 Quality Assurance System* to be **in substantial conformity**.

Item 25: Quality Assurance System

Kentucky assesses *Item 25 Quality Assurance System* to be a **strength**. Kentucky has implemented QA activities statewide across all jurisdictions including comprehensive case reviews, data collection and analysis, a robust continuous quality improvement (CQI) system, stakeholder involvement, policy and practice consistency, feedback mechanisms, and focus on measurable outcomes.

Kentucky's QA system was identified as an area needing improvement during CFSR round 3, citing the case review process as not effectively identifying strengths and needs of the system. In response, Kentucky instituted PIP activities and modifications that included redesign of the CQI process, restructuring of the department through realignment of all CQI specialists under one manager in DSR to better coordinate and standardize CQI activities, update of the CQI State Plan and Procedures Manual, rollout of the new CQI-Meetings and Issues Tracking System (CQI-MITS), development of the KY CFSR team under the QA Branch, the implementation of the KY CFSR case reviews utilizing the federal Onsite Review Instrument (OSRI) as the permanent case review tool for the case review team, debrief meetings as part of the feedback loop of case reviews, regional action planning led by the CQI team, systems mapping, stakeholder quarterly meetings, use of data to guide planning, and embedding CQI into daily practice through processes such as the permanency case review process.

Staff Training

Kentucky assesses *Systemic Factor 4 Staff Training* to be **in substantial conformity**.

Item 26: Initial Staff Training

Kentucky assesses *Item 26 Staff and Provider Training* to be a **strength**. In CFSR Round 3, this item was determined to be an area needing improvement for the state, as there was concern around the quality of initial training and questions regarding the amount of preparedness it provided to staff. Since Round 3, Kentucky has revised the entire onboarding training program, through collaboration among the DCBS Training Branch and EKU. Prior to July 2021, all new staff attended the Academy, which was a six-month training series that included four master's level classes. Due to the college classes, training included extensive writing, assignments, and grading. Overall, staff were frustrated with the cumbersome training and expressed this in training feedback. Staff desired training that would teach them the foundational skills needed to complete their job duties instead of college credit courses. Based upon trainee feedback and in efforts to decrease the percentage of exiting staff, an overhaul of the initial training series occurred. The new Foundations training is a four-month program that incorporates shadowing and hands-on experience paired with a field training specialist (FTS).

Private child-caring (PCC) and private child-placing (PCP) case managers receive initial training provided by their host agency. Each contracted agency has their own policies and procedures that outline their training requirements. The contracted agency is required to ensure these policies align with Kentucky Administrative Regulations (KAR) [922 KAR 1:310](#) and the PCC/PCP agreement with DCBS. To ensure compliance, DCBS partners with the Office of Inspector General (OIG), Division of Regulated Child Care. OIG monitors the compliance of the agencies training administration.

In summary, Kentucky's staff and provider training system is functioning statewide and ensures that staff receive training that addresses the basic skills and knowledge needed to carry out their duties. The

DCBS Training Branch and ECU contract employees work together to serve department employees throughout the state. Kentucky revamped the entire initial training system in 2021 to a four-month Foundations series that incorporates shadowing and hands-on experience paired with an FTS. New employees also complete 25 web-based initial training courses in addition to Foundations series. All trainings are tracked through ECU's Training Records Information System (TRIS) and monitored by field supervisors and regional learning specialist (RLS). Training is evaluated using the Kirkpatrick Model and includes four levels of evaluation including the participant's reaction, what they learned (learning), how they applied what they learned (behavior), and outcomes (results). Evaluations show that staff feel moderately competent after completion of training and results are promising that the FTS program is boosting the competence level further. The goal is to continue growing the FTS program to have an FTS on every team statewide, so that all new caseworkers will have this experience.

Item 27: Ongoing Staff Training

Kentucky assesses *Item 27 Ongoing Staff Training* as a **strength**. In CFSR Round 3, this item was determined to be an area needing improvement for the state, as concerns were noted regarding Kentucky's lack of ongoing training requirements for staff and no clear process to ensure that staff were provided appropriate access to relevant, ongoing training to support them in carrying out their duties. Since the last CFSR, improvements have been made to the training system. Kentucky provides a considerable amount of both required and optional ongoing training opportunities for staff, as well as the ability to track individual worker completion. All staff have access to the training course catalog to review and register for upcoming trainings. Kentucky employs an adequate notification system to staff through automated emails, when annual and biannual required trainings are due. New trainings are developed based on initiatives.

Completion is tracked through documentation provided by TRIS. Quality of ongoing and supervisory series training was found to be sufficient and addresses the skills and knowledge required to carry out their duties, evidenced by pre and post test scores, training evaluations, surveys, and focus groups.

PCC and PCP case managers receive ongoing training provided by their host agency. Each contracted agency has their own policies and procedures that outline their ongoing training requirements. The contracted agency is required to ensure that these policies align with 922 KAR 1:310 and the PCC/PCP agreement with DCBS. To ensure compliance DCBS partners with OIG, Division of Regulated Child Care. OIG monitors the compliance of the agencies training administration.

In summary, Kentucky's ongoing staff and provider training system is functioning statewide to ensure that training addresses the skills and knowledge needed for staff to carry out their job duties. Kentucky, through partnership with ECU, provides both required and optional ongoing training opportunities for staff to enhance their skills. All staff have access to the training course catalog to review and register for upcoming trainings. Kentucky also utilizes an automated email notification system to notify staff when annual and biannual required trainings are due. Quality of ongoing and supervisory series training was found to be sufficient and addresses the skills and knowledge required to carry out their duties, evidenced by pre and post test scores, training evaluations, surveys, and focus groups.

Item 28: Foster and Adoptive Parent Training

Kentucky assesses *Item 28 Foster and Adoptive Parent Training* to be a **strength**. In CFSR Round 3, this item was determined to be a strength. The state's foster and adoptive parent training is a robust training that utilizes the National Training Development Center's (NTDC) pre-service curriculum and meets the extensive training requirements for foster parents. Although there is variation in practice across private agencies that license foster parents, the department approves each agency's training curriculum to ensure uniformity. [922 KAR 1:300](#) requires that full-time direct child-care staff have at least 40 hours of training specific to the tasks to be performed, as well as annual training requirements. Monitoring mechanisms are in place for state and private agency foster homes and state licensed facilities to ensure training is completed. TRIS tracks foster parents' compliance with timely completion of training, and OIG actively monitors compliance of private agency foster homes and state licensed facilities. OIG reports that approximately 84% of the private foster home agencies met initial and ongoing training requirements for the most recent three years. State licensed facilities provide initial and ongoing training to their staff to equip them with the skills needed to provide care to foster and adoptive children. In 2023, OIG found that 76% of state licensed facilities met initial and ongoing training requirements.

In summary, DCBS foster homes, private agency foster homes, and state licensed facility staff receive required extensive initial training, to provide them with the skills necessary to complete their caregiving responsibilities to foster and adoptive children. Biannual training is required for foster parents, while staff at state licensed facilities must receive annual ongoing training. The agency monitors compliance through the TRIS system, as well as OIG audits.

Service Array

Kentucky assesses *Systemic Factor 5 Service Array* to **not be in substantial conformity**.

Item 29: Array of Services

Kentucky received a rating of area needing improvement for Item 29 based on information from the statewide assessment stakeholder interviews in CFSR Round 3. Information collected showed that the state's array of services was not adequate or accessible to children and families in all political jurisdictions covered by the CFSP. Stakeholders reported service gaps for families that included substance abuse treatment, mental health services, services to address intellectual and developmental disabilities, services to support relative caregivers, in-home prevention services, housing, visitation services, and transportation.

Although some of these services were available in parts of the state, waitlists were extensive. In some jurisdictions, courts required parents to pay for their own services, which was a barrier for many parents. Many stakeholders noted that substance abuse was a significant concern across the state and additional services are needed to adequately support families struggling with addiction. Kentucky does have a statewide interagency council (SIAC) and regional interagency councils (RIAC) for addressing service array issues; however, improvements are needed to proactively assess gaps in services and quality of services.

Kentucky assesses *Item 29 Array of Services* as an **area needing improvement** for Round 4. Although service expansion has occurred since Round 3, some services are still not available to all families due to geographic disparities or partner agency staffing issues. The state continues to make progress in assessing gaps and quality of services through the expansion of programs. Partnerships with universities and other agencies providing technical assistance have continued, which has allowed for Family First services to multiply, fictive kin services to amplify, and Structured Decision Making (SDM®) to continue to roll out as planned.

The following programs highlight a Kentucky service array capable of 1) Assessing the strengths and needs of children and families and determining other service needs; 2) Addressing the needs of families in addition to individual children to create a safe home environment; 3) Services that enable children to remain safely with their parents when reasonable; and 4) Helping children in foster and adoptive placements achieve permanency:

- In the summer of 2022, the SDM® Intake Tool, an evidence-based tool created by Evident Change, was implemented by DCBS. The department utilized the CFSP to fully implement, assess, and make needed modifications to the safety model, including the implementation of the SDM® intake, safety, and risk assessments, updating policy and practice guidance around those tools, and providing training to all staff and stakeholders. The SDM® tool has restructured the way in which new reports are accepted, classified, and measured.
- Family First Prevention Services (FFPS) in Kentucky include Family Preservation and Reunification Services (FPRS), KSTEP, START, Functional Family Therapy (FFT), Homebuilders Model, Motivational Interviewing (MI), MST, Parent-Child Interactional Therapy (PCIT), and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), all of which are used to assess family/child needs and strengths, to enable a safe home environment, and to maintain children safely in their homes/expedite permanency.
- The state has expanded its array of fictive kin caregiver services and supports. As of January 2023, all kinship programs administered by the University of Kentucky (UK) are accessible statewide (KY-KINS, KIN-VIP, and Kinship Catalogue). Trends indicate reductions in caregiver stress, perceived support, and caregiver sense of competence.
- RIACs operate as the regional locus of accountability for the system of care, providing a structure for coordination, planning, and collaboration of services and supports to children and transition-age youth with or at risk of developing behavioral health needs and other challenges, and their families.

In summary, Kentucky has successfully expanded and improved upon many services available to families and children across the state. Large projects such as the addition of SDM® intake, safety, and risk assessments to the safety model, have improved the department's ability to assess the strengths and needs of children and families and determine service needs. FPRS are adept at addressing the needs of families, in addition to individual children, to create a safe home environment. FPRS services also enable children to remain safely with their parents when reasonable. The rate of reunification and children remaining in the home with FPRS services has been at 89% or above for the past three years. Some FPRS services are available in all service regions across the state, however, not all FPRS services are available in all regions.

Along with FPRS services, the range of improvements to the Kinship Navigator array of services is helping children in foster and adoptive placements to achieve permanency. Satisfaction rates for Kinship Navigator services have remained very high (89%) or above for the past three years and except for the new Kindred Roots program, Kinship Navigator services are available statewide.

Checks and balances within the service array are carried out by the SIAC and RIAC across the state. With RIACs meeting monthly and reviewing data every six months, all involved agencies, including DCBS, can assess their challenges and barriers. Not only do RIACs address issues on the regional level, but they can also take the concerns of the regional councils to the state council for consideration and further action planning. A wealth of additional services and supports available to families and children in Kentucky are described in detail in *Attachment 11. Service Array Index*.

Item 30: Individualizing Services

Kentucky received a rating of area needing improvement for Item 30 in Round 3. Information provided in the statewide assessment and collected during stakeholder interviews showed challenges in individualizing services in many areas of the state. Challenges noted included unavailable resources, providing families with services that were available rather than needed services, waitlists, and the use of standardized case plans that do not consider the unique needs of families. Stakeholders also noted that relatives caring for children could not access the same services or supports that foster parents and birth parents did.

Kentucky has an expansive 120 counties with a population of over 4.5 million. More than half of the state's residents (2,692,457) live in one of Kentucky's 415 incorporated cities, and around 41.3% of the population (1,833,697) live in rural areas. This reflects a significant rural demographic despite the overall trend of urbanization in the state. A variety of programs and resources with the capability to be individualized are available to families and children across Kentucky's nine service regions now more than ever. Rural areas of Kentucky traditionally have fewer services and more barriers to accessing existing services, (i.e., transportation, childcare, hours of operation, location of programs). Some difficulties with individualizing services in rural areas include services for individuals with disabilities and services without the capacity to meet cultural or language needs. The state's most urban region has access to numerous services with a high concentration of provider agencies with the ability to be tailored to a family or individual's needs. Service offerings in urban regions, especially Jefferson County, include services which are sparse in other areas such as disability services, immigration and refugee services, and language access services. As many services are still not accessible statewide, Kentucky assesses *Item 30 Individualizing Services* as an **area needing improvement** for Round 4.

Overall, the outcomes of the 2020-2024 CFSP Goal 2.1 shows service expansion efforts have been successful, and as services become more customizable, the number of children in OOHC has decreased, resulting in the needs of children, parents, and foster parents being more well met. Remaining barriers include funding and staffing for further expansion of all EBPs into all counties, specifically for community partners providing these services. Other identified shortcomings regarding non-EBP services include services to parents experiencing incarceration, access to child care, housing availability and affordability, transportation, mental health services, program hours of operation, and appropriate substance use

disorder services. Gatekeepers also expressed the need for culturally responsive supports, services for children with disabilities, and delays with language access in several regions.

Gatekeepers in all service regions indicated there were services available specifically for fathers, but not nearly enough to foster true engagement. Responses from the focus group with fathers indicated a variety of experiences with workers, but overall positive experiences with service customization. Concerns of fathers included time constraints to complete services, transportation, and the ability of female workers to understand the unique needs of male parents. DCBS was recently invited to take part in a father readiness assessment by [Commonwealth Center for Fathers and Families](#) (CCFF). The [Father-Readiness Network Assessment](#) (FRNA) is assisting with organizational readiness assessments to engage fathers in programs and services. DCBS has completed the initial webinar and assessment portion. All service regions along with DPP and DSR completed assessments. Kentucky is still in the early stages of developing a unified, strategic plan around engagement with fathers. Engagement with fathers was identified as an area needing attention during the previous PIP as well as through KY CFSR reviews.

The outlook for funding for service expansion in Kentucky is encouraging. In Calendar Year (CY) 2022, DCBS completed a request for proposal (RFP) for FPRS, which included adding an additional 25% of funding statewide on top of increasing flexible funding to meet concrete needs from \$50 to \$1,000 per family. The agency received an additional \$10,000,000 in funding for State Fiscal Year (SFY) 2023, and \$10,000,000 in further funding for SFY 2024 with the agency's biennium budget, to be used for Family First programs. DCBS requested an additional \$10 million for SFY 2025 and \$10,000,000 for SFY 2026 for the next budget biennium. As the department focuses on engagement within the next CFSP, it is expected that this focus along with funding will further improve outcomes for service individualization and other items.

Agency Responsiveness to the Community

Kentucky assesses *Systemic Factor 6 Agency Responsiveness to the Community* to be ***in substantial conformity***.

Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

In Round 3 of the CFSR, Kentucky received an overall rating of area needing improvement for Item 31. Information provided in the statewide assessment and collected during stakeholder interviews indicated that Kentucky did not ensure active engagement, and ongoing consultation with key stakeholders in developing the goals and objectives of the CFSP and Annual Progress and Services Report (APSR) updates. Although some informal engagement and collaboration was occurring at the local and state levels, some stakeholders reported not being familiar with the state's strategic planning efforts.

For Round 4, Kentucky assesses *Item 31 State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR* as a ***Strength***. Kentucky's agency responsiveness to the community system is functioning statewide to ensure that, in implementing the provisions of the CFSP and annual updates, the state engages in ongoing consultation with consumers, service providers, foster care providers, the court system, and other public and private child and family-serving agencies. Kentucky recognizes the value of shared goals and initiatives and includes the major concerns of these representatives in the goals, objectives, and annual updates to the CFSP.

The department has invested in engagement and partnership with stakeholders in the development of the CFSP, as well as annual updates. The department collaborated heavily with stakeholders during the development of the 2020-2024 CFSP and in the years leading into the 2025-2029 CFSP. The QA Branch facilitates a quarterly CFSP Stakeholders CQI meeting in partnership with EKU. Community partner and lived expert membership has grown since the inception of the CFSP Stakeholder CQI meeting.

In summary, the strengths of Kentucky's system of engagement and consultation with stakeholders pursuant to the CFSP and APSR are clearly evidenced by approaches of inclusion, information sharing, and initiative-building. Kentucky has accentuated stakeholder-focused strategies, specifically adopting the "Building the Table Together" approach moving into goal setting for the 2025-2029 CFSP. The CFSP Stakeholders CQI meeting has transformed from an underdeveloped idea to a fully functioning system of inter-mutual quality improvement. Kentucky continues to excel at collaboration with partners to reduce child maltreatment rates while also expanding prevention programs.

Item 32: Coordination of CFSP Services with Other Federal Programs

In Round 3, Kentucky received an overall strength rating for Item 32. Information from the statewide assessment and collected during stakeholder interviews showed that state coordinates services and benefits with other federal or federally assisted programs serving the same population. Examples included coordination with community mental health centers (CMHCs), KDE, and DJJ. In Jefferson County, local coordination with the housing authorities prioritized families involved with the agency.

For Round 4, *Item 32 Coordination of CFSP Services with Other Federal Programs*, is functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population, remaining a **strength**. Other programs serving the child welfare population, including public financial assistance, child support, community-based mental health, early childhood public health interventions, Medicaid, and child care assistance, are all managed from the cabinet. Cabinet leadership conducts regular leadership meetings to ensure interface and coordination between the program areas. Program reporting for major and minor child welfare funding (title IV-E, title IV-B, CAPTA, Chafee, the Social Services Block Grant (SSBG), and the CJA grant) are all reported from DPP, and financial reporting from all programs is executed by the department's Division of Administrative and Fiscal Management (DAFM).

The department collaborates with other federally funded programs with shared populations in many ways. The cabinet is the state government agency that administers programs to promote public safety and public health. It is the largest of Kentucky's nine cabinets. The department remains the largest department within the cabinet and 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 an 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. This includes DFS, Supporting Kentucky Youth (SKY) managed care organization (MCO), the Division of Child Care (DCC) service array, and partnerships with Child Support, Early Intervention, and Parent Engagement Meetings (PEMs).

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Kentucky assesses *Systemic Factor 7 Service Array* to be **in substantial conformity**.

Item 33: Standards Applied Equally

Kentucky assesses *Item 33 Standards Applied Equally* to be a **strength**. In Round 3, Item 33 was found to be a strength. Recruitment and certification (R&C) staff, regional leadership, and DPP staff work to ensure there are appropriate standards in place for foster and adoptive homes to ensure the safety of Kentucky's children in OOHC. Standards are set in place for all state and PCP foster homes, through SOP and KAR, that each potential foster home must meet to become an approved home. Compliance with these standards is high, as evidenced by the monthly TWS-M049 management report, which shows that from 2021-2023, 95% of foster homes licensed through DCBS, and 71.2% of private foster homes adhered to the standards according to OIG audit reports. Kentucky utilizes the Structured Analysis Family Evaluation (SAFE) home study during the approval process of state foster homes. Most private agency foster homes were also utilizing the same home evaluation method until the state contract with PCCs/PCPs was updated in 2023 that now requires all potential private foster homes to be evaluated using the SAFE method.

OIG's Division of Regulated Child Care is the regulatory and licensing agency for all care facilities and child adoption/child-placing agencies in the Commonwealth and follows KAR. Child-placing agency means any agency licensed by the cabinet, which supervises the placement of children in foster family homes or child-caring facilities, or which places children for adoption. PCC or PCP agencies provide care and services for a child in the custody of the cabinet. [922 KAR 1:310](#) sets the standards for child placing-agencies, while [922 KAR 1:305](#) governs the licensure process for child-caring facilities and child-placing agencies and the appeals process.

Item 34: Requirements for Criminal Background Checks

Kentucky assesses *Item 34 Requirements for Criminal Background Checks* to be a **strength**. In CFSR Round 3, Item 34 was found to be a strength. All public and private foster homes, all adult members of the home, and relative/fictive kin caregivers are required to undergo initial and annual abuse registry and fingerprint-based background checks, as regulated by KAR and the department's SOP. In 2023, the Kentucky Applicant Registry and Employment Screening System (KARES) system was launched. This background screening process includes abuse registry checks and fingerprint-based background checks through the Kentucky State Police (KSP) and the Federal Bureau of Investigations (FBI). Additionally, new background checks are completed throughout the year as members of the household reach an age for a required background check, or a new member moves into the home.

KARES provides continuous background checks for all foster home applicants and adult household members entered in the system. KARES replaced the manual process of annual background checks, ensuring that background checks are continuously up to date for all existing foster parents.

For all new foster parents, TWIST prohibits foster home approval prior to review and clearance by the Kentucky Records Management System (RMS). This ensures all approved foster parents have successfully completed the required background checks.

DCBS has case planning processes in place address the safety of foster care and adoptive placements for children. When stressful situations and changes occur in foster homes, SOP and administrative regulations require that the foster family's R&C worker complete a review of the foster home within 30 calendar days of notification of a factor that may place unusual stress on the family or create a situation that may place a child at risk. Additionally, policies require that the child's caseworker assess and monitor the safety of foster children in their placements at a minimum of once per month (twice monthly for foster children who are medically complex). This is monitored through management reports, as well as yearly submissions of the ACF Monthly Caseworker Visits report.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

Kentucky assesses *Item 35 Diligent Recruitment of Foster and Adoptive Homes* to be a **strength**. In Round 3, Item 35 was also found to be a strength. Kentucky's nine service regions independently submit biannual diligent recruitment plans that include targeted strategies to address the need to increase the number of foster and adoptive homes, with specific emphasis on Black/African American and Hispanic foster homes, as well as gaps in other minority and underserved child populations.

Regional diligent recruitment plans (described in detail further below and in Attachment 14) are grounded in CQI principles and based on administrative data to identify needs, inform strategies, and to evaluate current recruitment and retention efforts. Diligent recruitment plans assess barriers and summarize the previous year's efforts.

The diligent recruitment specialist, within the OOHC Branch, reviews each plan and provides feedback in the form of a one-on-one meetings with the regional teams. Additionally, recruitment plans receive ongoing feedback from the department's child welfare partners during quarterly Targeted Recruitment and Retention Subcommittee meetings. Members of this committee include representatives from the regions, foster/adoptive parents, diligent recruitment specialist, the Network, UK, and Adoption Support for Kentucky (ASK). It's notable that the Network members include current and former foster parents. Many times, regions will implement new ideas for recruitment and retention from the discussions and feedback of these committees. Topics of discussion include recruitment and retention idea sharing and feedback, what is happening in other regions, and question and answer sessions. For example, during a recruitment subcommittee meeting, a worker discussed how their region hosted a Halloween contest where foster/adoptive parents could take a photo with a recruitment yard sign and Halloween décor and post on their social media for a chance to win a gift card. This was a fun contest for foster/adoptive parents and a way to spread the word about the need for foster/adoptive families. Other regions asked questions and began implementing similar activities within their regions. During another meeting, a

member suggested attending Race, Community & Child Welfare (RCCW) committees and cultural fairs to recruit African American foster homes. These suggestions have been implemented into additional regional plans. Feedback includes lessons learned across other regions and guidance for additional targeted recruitment in that area. Regional recruitment specialists monitor the implementation for their respective regions.

Twice yearly, all nine regions across the state prepare regional diligent recruitment plans to guide their recruitment efforts. The diligent recruitment specialist provides data and the plan template to the regions. Each regional R&C team writes the plans with their staff, supervisors, and regional leadership. Many regions collaborate with their Network and foster/adoptive parents on these plans. Each recruitment plan includes the following:

- Current regional and county-specific data that includes the number of children in care, the number of foster homes (both DCBS and private), and a calculation of the need for additional homes. The targeted recruitment needs section of the plan indicates the total number of homes needed and the percent need met for each targeted population (teens, siblings, African American, Hispanic, and medically complex). The percent of need met increasing from year to year is an indication of successful targeted recruitment. The demographic data such as race, ethnicity, age, and medically complex status of children in care is included on each regional plan. The data also includes foster parent demographics, such as race and ethnicity, as well as authorization to foster children with specific needs, such as children who are medically complex.
- Description of the barriers to recruitment and retention, and a summary of the success and strengths of the previous bi-annual plan (an example of a completed plan in 2023 and a completed plan in 2024 is attached to *Kentucky's CFSR Round 4 Statewide Assessment*) shows improvement in the target numbers. An increase in the percent need met is seen from the 2023 plan data to the 2024 plan data in the areas of homes for teens, African American, and children who are medically complex. The 2023 plan included targeted recruitment strategies in these areas.
- Strategies and activities for targeted recruitment, specific to youth demographics and case needs. These are specific recruitment activities targeted toward recruiting homes for the youth population.

Monitoring strategies occurs formally during the preparation for the upcoming plan, as well as informally during individual supervision, and discussions with stakeholders who are involved in the plan. If a specific recruitment activity was determined to be unsuccessful, then it would not be included within the next plan. An event may be deemed unsuccessful if the region did not see an increase in inquiries after the event or did not feel there were meaningful conversations with participants during the event. For example, Jefferson Service Region noted “not successful were many of the festivals that we attended where we only saw a couple of people sign up. We did not always get a bang for our buck.” Thus, this specific activity was not included within their next plan.

In addition to the regional recruitment and retention plans, DCBS partners with Murray State University and The Foster and Adoptive Parent Training and Support Network (The Network) to develop regional diligent recruitment plans. Although the regional diligent recruitment plans and the Network's diligent recruitment plans work together to support targeted recruitment in the regions, the Network's plans are

distinct in that they provide recruitment and support from the lens of those with lived experience. Each regional Network team is provided the same template as the regional R&C teams twice per year. The Network works in collaboration with the regional teams and develops their own regional plans for recruitment and retention to support the recruitment needs in their region. Regional plans are data-driven based on the needs of the specific region. The plans include the areas of need, (i.e. teens, African American homes, Hispanic homes, homes for siblings, medically complex homes) and the counties with the most need. The plans include targeted activities to recruit for those needs.

In summary, Kentucky has a strength-based recruitment and retention system that seeks to meet the diverse ethnic and racial needs of children in foster care through specific foster and adoptive families. Kentucky utilizes diligent recruitment reports to identify gaps in foster and adoptive homes meeting the diverse ethnic and racial composition of children in OOHC, and then creates plans to target those specific needs. Regional bi-annual diligent recruitment plans incorporate targeted recruitment activities aimed to recruit more homes based on the identified needs in the specific region. Kentucky uses targeted recruitment efforts that are grounded in data collection and monitoring to ensure specific fostering needs are met. Kentucky utilizes data to measure plans and activities statewide, which has shown improvements in targeted recruitment. Kentucky also utilizes a targeted recruitment and retention committee, as well as networking with organizations, communities, and individuals who interact with the targeted population. Kentucky has also recently implemented financial compensation to kinship care providers, as well as the option for those homes to become state-approved foster homes. Kentucky's foster and adoptive homes are meeting the diverse needs of the OOHC population.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

Kentucky assesses *Item 36 State Use of Cross-Jurisdictional Resources for Permanent Placements* to be an **area needing improvement**. During Round 3, Kentucky received a rating of area needing improvement for Item 36. The results showed that the state was effectively utilizing cross-jurisdictional resources to support the permanent placement of waiting children through the Special Needs Adoption Program (now referred to as the Kentucky Adoption Profile Exchange-KAPE) and child-specific recruitment efforts; however, the timeliness of the state's response to requests from other states to complete home studies to facilitate permanent placement of children did not meet the 60-day requirement.

Kentucky has continued to utilize various cross-jurisdictional resources to support permanency. Children freed for adoption without an identified adoptive home are referred to KAPE, partnerships with AdoptUSKids and America's Kids Belong joint websites with Kentucky's available children listed in their photo listing website. However, Kentucky continues to fall short on meeting the timeliness rate for out-of-state home study completions. The data collected from 2021 indicates that 45% of home studies were completed within 60 days and in 2022, 53% and 2023, 54% of the home studies were completed within 60 days.

In summary, while Kentucky does have processes and partnerships in place to locate permanent adoptive families for available children, barriers remain that impact Kentucky's ability to meet federal requirements for completing ICPC home study requests within the 60-day timeframe.

IV. Plan for Enacting Kentucky's Vision

Goals; Strategies; Measures of Progress; Staff Training, Technical Assistance, and Evaluation; and Implementation Supports

Throughout the development of *Kentucky's CFSR Round 4 Statewide Assessment*, ongoing KY CFSR reviews, and continued discussions with stakeholders, engagement has emerged as a cross-cutting theme to improving outcomes for families and children and improving staff retention and satisfaction. Proper engagement is the core component to working with families and children. It is also crucial to ensuring a workforce who feels supported, heard, and have high job satisfaction. Both are catalysts for improving safety, permanency, and wellbeing outcomes for Kentucky's families and children.

During the April 2024 CFSP Stakeholder CQI meeting, preliminary results from *Kentucky's CFSR Round 4 Statewide Assessment* were presented, and breakout sessions were held to discuss possible strategies and tasks to improve different facets of engagement. Through input received during these discussions, the department developed the following as its goals for the 2025-2029 CFSP.

Goal 1: Improve CFSR safety outcomes 1 and 2 through enhanced engagement with families, children, community partners, and other stakeholders by 2029.

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. Ensuring a child's safety begins when the child welfare agency receives the first call alleging maltreatment. From answering the call throughout the investigation, engagement is key in rapport building and assessing for safety threats and risk factors. Kentucky made significant strides in improving safety during the previous CFSP and Round 3 PIP, including the implementation of a true safety model which included formalized definitions of safety and risk within SOP, the introduction of safety plans, and the implementation of the SDM[®] intake and investigative assessment tools. As detailed in *Section III. Assessment of Current Performance in Improving Outcomes, Safety* and further in *Section III: Assessment of Child and Family Outcomes of Kentucky's CFSR Round 4 Statewide Assessment*, safety continues to be an area needing improvement for Kentucky.

The following strategies have been developed to accomplish Goal 1.

Strategy 1.1: Improve timeliness to and quality of initiation by each APSR submission.

Initiation in Kentucky has been a pain point for many years. As evidenced in *Section III. Assessment of Current Performance in Improving Outcomes, Item 1* and further in *Section III: Assessment of Child and Family Outcomes of Kentucky's CFSR Round 4 Statewide Assessment*, initiation is an area needing improvement for Kentucky. The department utilizes different initiation calculations to determine timeliness for different purposes, which leads to confusion for staff and leadership alike. Previously, Kentucky operated under three separate definitions for initiation, however, this has been reduced to two. Although the definition has been reduced to two from three, SOP does not address the expectations of quality in initiation. The department is aware this is creating issues with casework quality and with data.

When calculating initiation for NCANDS submissions, the [definition](#) of initiation or “response time is the time from the CPS agency’s receipt of a referral to the initial face-to-face contact with the alleged victim wherever this is appropriate, or with another person who can provide information on the allegation(s).” The department’s [SOP 2.10 Initiating the Report](#) states that, “Initiation response timeframes begin from the moment the central intake FSOS approves the report and assigns to the investigative FSOS in TWIST, or in after-hours situations, upon decision by the on-call FSOS to accept the report.”

Kentucky’s definition of initiation in [SOP 2.10 Initiating the Report](#) states that, “A report is considered initiated when face-to-face contact with the reported victim(s) occurs.” However, SOP does not address the expectations of quality in initiation. Although face to face contact is a must, it’s imperative that staff truly engage with the alleged victim to assess for immediate safety. Requirements for safety assessment are addressed in [SOP 2.11](#) and [2.13](#). This is an area which needs to be addressed and will be done through initiation timeliness in CFSP goals going forward.

Technical assistance may be sought from the Children’s Bureau and the Center as Kentucky works on tasks to improve initiation efforts.

Please see Attachment 13 2025-2029 CFSP Matrix for tasks, completion timeframes, baseline data, and measurement targets for Strategy 1.1 that are anticipated to improve both the timelines and quality of report initiation in Kentucky.

Strategy 1.2: Improve timely completion and quality/thoroughness of investigations and ongoing safety and risk assessments by each APSR submission.

As demonstrated in the assessment of CFSR Item 3 in *Section III. Assessment of Current Performance in Improving Outcomes, Item 3*, and further in *Section III: Assessment of Child and Family Outcomes of Kentucky’s CFSR Round 4 Statewide Assessment*, quality risk and safety assessments are areas needing improvement in Kentucky. Although the department has made impressive strides in improving safety practices, additional focus is needed on the timeliness and quality of risk and safety assessments both during the investigation and throughout the life of a case. A common theme identified during stakeholder interviews with frontline staff during KY CFSR case reviews is that many staff feel that safety assessment is the responsibility of the investigative worker during the investigation. Staff do not appear to understand that through each contact with a child and family, safety assessment should occur.

In addition to quality, completing investigative and ongoing assessments timely allows the department to better serve families and children by ensuring services to mitigate safety threats are implemented before danger increases. Timely assessments also allow service provisions to be implemented that address risk factors before threats arise.

The department will receive continued technical assistance from Evident Change while implementing the SDM® risk reassessment and reunification tools. Additional technical assistance will be sought as needed while implanting tasks within this strategy. Kentucky will seek support and lessons learned from Evident Change to assist with staff attitudes and beliefs around the benefits of the tools and processes in serving families. This buy in is crucial for the success of these processes.

Please see Attachment 13 2025-2029 CFSP Matrix for tasks, completion timeframes, baseline data, and measurement targets for Strategy 1.2 that are anticipated to improve both the timelines and quality of safety and risk assessments in Kentucky.

Strategy 1.3: Educate community partners and other stakeholders on intake and investigative practices. Child welfare belong to all of us; it requires involvement from not one *agency*, but a *system* of community partners and individuals with living experience. As evidenced throughout this narrative and the *Kentucky’s CFSR Round 4 Statewide Assessment*, the department has made significant efforts and advances over the past two CFSP cycles to improve relationships with stakeholders. The departments efforts have moved away from inviting stakeholders to be *at* the table, and instead inviting them to help *build* the table.

To continue improving engagement, partnerships that allows the department to educate stakeholders on investigative requirements and practices are necessary. There are many misconceptions around investigative practices and requirements that can only be eliminated through improved communication and engagement. The department, in collaboration with community partners and other stakeholders, will complete tasks to continue improving engagement in this area.

The department will seek technical assistance as needed from the Center and other entities, when appropriate, to implement the tasks within this strategy.

Please see Attachment 13 2025-2029 CFSP Matrix for tasks, completion timeframes, baseline data, and measurement targets for Strategy 1.3 that are anticipated to educate and increase knowledge and partnership among community partners and other stakeholder regarding intake and investigations.

Goal 2: Improve CFSR permanency and wellbeing outcomes through enhanced engagement with families, children, community partners, and other stakeholders by 2029.

The number of children in OOHC as of June 2, 2024, is 8,170. On June 2, 2019, the same timeframe during the development of the previous CFSP, there were 9,875 children in OOHC. Kentucky experienced its highest rate of children in OOHC, with over 10,000 children in May 2020. Kentucky has seen a roughly 18.9% decrease in children in OOHC since, with steady decline each year.

Table 25 Total Number of Children in OOHC with Active Placements

June 2, 2019	June 7, 2020	June 6, 2021	June 5, 2022	June 4, 2023	June 2, 2024
9,875	9,950	9,122	8,764	8,574	8,170

Source: TWS-058 Statewide Foster Care Fact Sheet

As detailed in *Section III. Assessment of Current Performance in Improving Outcomes, Permanency, and further in Section III: Assessment of Child and Family Outcomes of Kentucky’s CFSR Round 4 Statewide Assessment*, permanency continues to be an area needing improvement within Kentucky.

Section III. Assessment of Current Performance in Improving Outcomes, Wellbeing, and Section III: Assessment of Child and Family Outcomes of Kentucky’s CFSR Round 4 Statewide Assessment, identify that all three wellbeing outcomes are areas needing improvement in Kentucky. However, significant

improvements have been made within Wellbeing Outcome 1 since CFSR Round 3. Kentucky will utilize this CFSP to further improve wellbeing efforts, specifically around quality and engagement.

The following strategies have been developed to accomplish Goal 2.

Strategy 2.1: Develop and implement a family team meeting revitalization campaign to improve case plan development and monitoring.

True family team meetings (FTMs) engage the family's entire team to ensure quality, individualized case planning and decision making. As experts, families should have the opportunity to include formal and informal supports to assist them in developing a case plan to meet their needs. In addition, these supports can provide comfort to families during what can often be an intimidating process.

Ensuring objectiveness and individualized case planning is essential in assisting the family meet their goals and mitigate safety threats and risk factors. As described in *Section III. Assessment of Current Performance in Improving Outcomes, Systemic Factors, Case Review System* of this plan, and further evidenced in *Section IV: Assessment of Systemic Factors, Case Review System, Item 20: Written Case Plan of Kentucky's CFSR Round 4 Statewide Assessment*, case planning continues to be an area needing improvement for Kentucky. KY CFSR data for Item 13 shows further demonstrates need for improved case planning.

Kentucky will seek technical assistance from the Children's Bureau and other entities, when needed, to successfully implement the tasks within this strategy.

Please see Attachment 13 2025-2029 CFSP Matrix for tasks, completion timeframes, baseline data, and measurement targets for Strategy 2.1 that are anticipated to improve the quality of FTMs, case planning, and case monitoring.

Strategy 2.2: Improve the quality of caseworker visits with parents and children.

Kentucky continues to struggle with ensuring quality caseworker visits with families and children. Caseworker visits must go beyond physically seeing families and children, and focus on communication, building rapport, and assessing needs. Frontline staff need improved educational opportunities and demonstration on how to appropriately engage with families and children and the ability to connect how engagement improves outcomes.

Section III. Assessment of Current Performance in Improving Outcomes, Wellbeing, Wellbeing Outcome 1: Families have enhanced capacity to provide for their children's needs of this plan, and *Section III: Assessment of Child and Family Outcomes, Wellbeing, Wellbeing Outcome 1: Families have enhanced capacity to provide for their children's needs* of *Kentucky's CFSR Round 4 Statewide Assessment* provide detailed information and evidence of the improvement needed regarding caseworker visits.

Kentucky will seek technical assistance from the Center and other entities, when needed, to complete the tasks within this strategy.

Please see Attachment 13 2025-2029 CFSP Matrix for tasks, completion timeframes, baseline data, and measurement targets for Strategy 2.2 that are anticipated to improve the quality of caseworker visits with parents and children.

Goal 3: Improve engagement and communication with staff at all levels through enhanced consultation, first and second level case review processes, and tailored communication planning.

Ensuring that all staff feel valued and heard through engagement and proper communication is the first step to ensuring that outcomes improve for families and children. Staff who feel appreciated and heard work harder and stay longer than those who do not. The department conducts a yearly employee engagement survey to assess staff engagement and input on other topics. Results from the most recent survey, conducted in the late fall/early winter of 2023, provides detailed insight into staff’s experience with the agency.

The following figures provide a brief selection of responses regarding staff’s views of working within the department. As evidenced in Figure 1, respondents overall (72%) agreed that staff work together with mutual trust and cooperation.

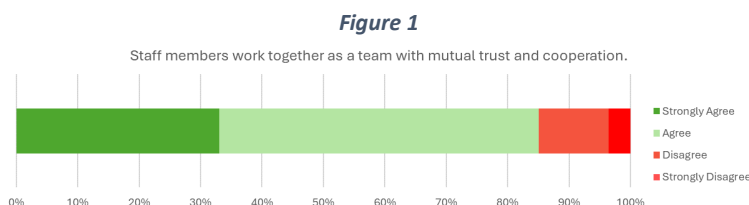


Figure 2 illustrates staffs’ perception of appreciation they feel from three levels of leadership within the agency. Not surprisingly, staff feel the most appreciated by their immediate supervisors when compared to other levels of agency leadership. Those who disagreed with these statements provided comments and narrative feedback. The most significant themes reflected that some staff feel there is a disconnect between Central Office leaders and frontline work, with many reflecting they don’t feel like they even know who those leaders, are and that concerns are often unaddressed altogether resulting in a lack of understanding if ideas were considered at all.

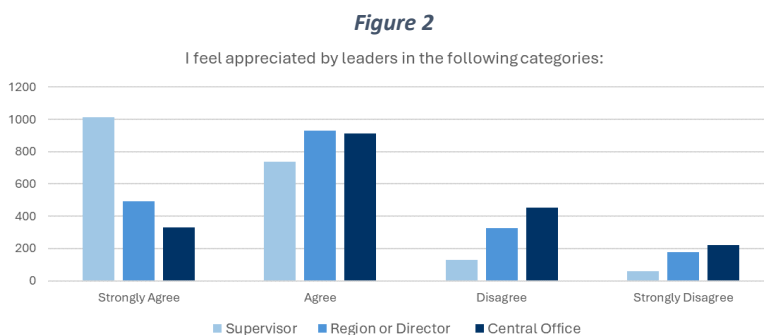
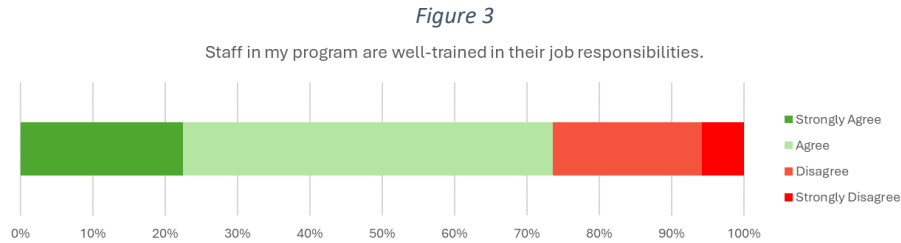
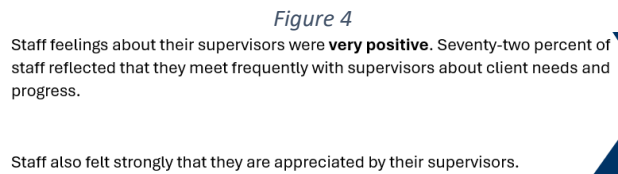


Figure 3 displays that 62% of respondents feel the staff in their program area are well trained in their job responsibilities



In Figure 4, respondents seem to overall feel supported by their supervisors and they feel they meet frequently (72%) to discuss client needs and progress.



These and other results of the survey show that even though many responses are positive, the department has areas of improvement relating to staff engagement.

The following strategies have been developed to accomplish Goal 3.

Strategy 3.1: Develop and implement an enhanced second level case review tool and formalized training for second level case reviewers.

During the last CFSP, the department drafted tasks for the development and implementation of a formalized training for second level case reviewers. Due to the COVID-19 pandemic and other competing priorities, this objective was not completed. For this CFSP, the department will focus not only a training for reviewers, but analyzing the current tool and modifying where necessary to ensure the questions on the tool are assessing the necessary pieces of caseworker. Once the tool is finalized, a training will be developed and implemented to ensure the tool is being used as designed and that reviewers are accurately assessing casework. Case reviews are a vital tool in identifying trends and improving practice if conducted with fidelity.

Kentucky will seek technical assistance from the Children’s Bureau, the Center, and other entities, when needed, to complete the tasks within this strategy.

Please see Attachment 13 2025-2029 CFSP Matrix for tasks, completion timeframes, baseline data, and measurement targets for Strategy 3.1 that are anticipated to assist with the development and implementation of a quality second level case review tool and accompanied training.

Strategy 3.2: Implement new first level case review process.

For many years, the department has discussed options for improving the first level case review process, which has historically consisted of frontline supervisors reviewing four cases per month utilizing the same tool used for second level case reviews. The department is aware that this process is not meeting the needs of staff and supervisors. Anecdotally, the department has learned that many times

supervisors wait until the day the reviews are due and simply click through the questions to complete the review, rather than truly reviewing the casework. This is not only a wasted effort for supervisors but does not provide useful information to the worker. First level case reviews should be used as a coaching and mentoring tool for supervisors to help workers improve case work. Revamping these reviews will assist both supervisors and workers in using the information to improve casework.

Kentucky will seek technical assistance from Deloitte and other entities, when needed, to complete the tasks within this strategy.

Please see Attachment 13 2025-2029 CFSP Matrix for tasks, completion timeframes, baseline data, and measurement targets for Strategy 3.2 that are anticipated to improve the quality and process for first level case reviews.

Strategy 3.3: In collaboration with the vendor selected through the Consultation Services Individual Project Request (IPR), improve case consultation processes for frontline staff.

The department, through the IPR process, has contracted with Deloitte to improve and streamline consultation processes for frontline staff. Appropriate consultation between supervisors and workers is essential in ensuring appropriate casework and to ensure staff are appropriately supported in their work. Through this contract, the department will evaluate the case consultation process and identify reforms that would make consultations more effective, streamlined, and supportive of frontline staff.

Kentucky will seek technical assistance from Deloitte, the vendor contracted through the IPR and other entities, when needed, to complete the tasks within this strategy.

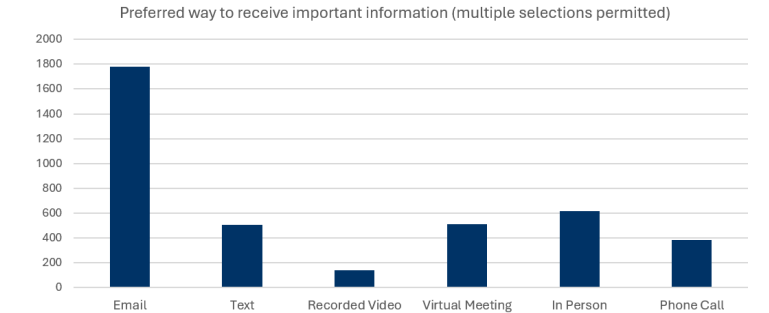
Please see Attachment 13 2025-2029 CFSP Matrix for tasks, completion timeframes, baseline data, and measurement targets for Strategy 3.3 that are anticipated to improve the consultation processes for frontline staff.

Strategy 3.4: Develop and implement enhanced communication strategies for staff at all levels.

Effective communication is vital in all aspects of child welfare – from frontline through all levels of administration and leadership. Just as all individuals learn in different ways, all individuals communicate differently. Results from the 2023 Employee Engagement Survey, illustrated in Figure 5, indicates that staff prefer to receive information through email, however, this conflicts with information typically received from employees, that email is the least preferred method of communication due to the overwhelming volume.

Figure 5

Staff were also asked to provide feedback on the ways that they most want to receive **communication** about important issues that affect them. Email was overwhelmingly the most frequent response. Interestingly, staff have also mentioned in a variety of spaces that it can be difficult to manage the volume of emails they receive—particularly those related to policy and practice changes. Balancing providing information in the most effective, consistent way with avoiding overwhelming staff is an ongoing opportunity.



The department will use this CFSP to determine the most effective forms of communication and develop a communication plan with various strategies for all levels of staff. It is important to acknowledge that staff's concerns and acknowledge their reality. Some specific strategies the department will deploy include:

- Central office division leadership and commissioner's office staff will begin to offer office hours/open forum time slots where staff can drop in and ask questions, seek clarifications, or ask any questions they have on their minds about the work we all do.
- Leadership will re-examine the need for expanding the internal communication team to enhance communication with staff on all levels. This would improve transparency and understanding through accessibility.
- Bi-monthly regional and central office open chats will continue. These chats are open to all staff and are dedicated to answering questions on all topics and concerns. The regional and central office chats provide insight into decision making on all levels.
- Staff are invited to critique policy and discuss workplace wellness initiatives during regional open forums. This format is designed to help inform staff on what support looks like and inform leadership on what CQI looks like. These forums are taking place in-person across the state.
- Kentucky will seek technical assistance from New Allies and other entities, when needed, to complete the tasks within this strategy. It is important for the department to acknowledge the burden of correction is on leadership. Making ourselves available to them on a consistent basis in one step to doing this.

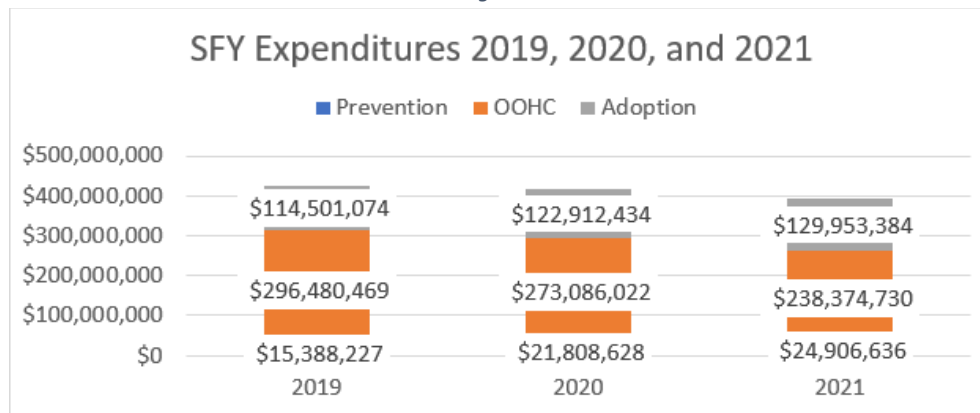
Please see Attachment 13 2025-2029 CFSP Matrix for tasks, completion timeframes, baseline data, and measurement targets for Strategy 3.4 that are anticipated to assist with implementing improved communication strategies for all staff within the department.

Goal 4 : Ensure education, support, and services are available to expand primary and secondary prevention to meet the needs and enhance the well-being of families and children in Kentucky. Kentucky aspires to be a model for child, family, and community well-being so individuals and families have their needs met in healthy communities to avoid involvement in child welfare. Increasing primary and secondary prevention efforts lowers the prevalence of child abuse and neglect in the state by

assisting families with access to needed resources and supports to avoid the trauma of a child’s removal from parents and involvement with the child welfare system whenever possible.

This goal will accommodate the growth in prevention services offered and supported by the department and align with the intentional focus on community-based delivery of services to families to avoid child welfare involvement. During SFY 2020, the department increased prevention spending by \$6.5M and reduced OOHC spending by \$23.4M.

Figure 6



The following strategies have been developed to accomplish Goal 4:

Strategy 4.1: Increase community partnerships with local governments, the courts, faith-based organizations, grassroots organizations, health centers, libraries, and public health to enhance community pathways to services for families and children.

Kentucky strives to align, attach to, invest in, and amplify community-led efforts focused on child and family wellbeing. A key strategy in prevention is to build systems of community wellbeing so that communities can meet the needs of families on the local level. The department’s efforts around prevention and wellbeing are to move further upstream to meet the needs of families before they become child welfare involved.

Kentucky will seek technical assistance from New Allies and other entities, when needed, to complete the tasks within this strategy.

Please see Attachment 13 2025-2029 CFSP Matrix for tasks, completion timeframes, baseline data, and measurement targets for Strategy 4.1 that are anticipated to assist with primary and secondary prevention expansion efforts.

Strategy 4.2: Expand the counties served by Community Response by 50% by 2029.

Community Response is a coordinated response to reports received by DCBS that do not meet criteria for assessment. These reports are referred to a community-based agency to offer supports or resources to the family. The overall goal of this initiative is to strengthen families, prevent child abuse and neglect, and reduce future reports to DCBS, which allows frontline staff to focus on families with the most critical safety issues. Less than half of reports received by DCBS meet criteria for any type of service or

response. However, historically, families have not been referred for other services in a meaningful or structured way. This can lead to mandated reporters falsely assuming that the family’s need has been addressed. This is often one of the greatest missed opportunities for true prevention of child maltreatment.

Services are voluntary and intended to help “plant the seed” and inform families aware of services available within their own communities. The work is centered around meeting families where they are and to prevent involvement with the child welfare system.

Community Response is currently being piloted in Montgomery, Clark, Powell, Bath, and Rowan counties in partnership with Gateway Children’s Services; Kenton, Campbell, and Boone counties in partnership with the Brighton Center; Barren and Perry counties in partnership with Family Resource and Youth Services Centers (FRYSCs). When a report is received in one of these counties that does not meet acceptance criteria, central intake staff refer families to the appropriate community-based providers.

Kentucky will seek technical assistance from Government Performance Labs and Foster America, when needed, to complete the tasks within this strategy.

Please see Attachment 13 2025-2029 CFSP Matrix for tasks, completion timeframes, baseline data, and measurement targets for Strategy 4.2 that are anticipated to assist with expansion of Community Response.

Strategy 4.3: Advance prevention related education and training, and public education efforts from primary to post-secondary education partnerships.

As demonstrated in Table 26, has seen success in preventing educational neglect through collaboration among agencies and families through PEMs.

Table 26: % of families diverted from child welfare intervention

Academic Year	% of families diverted from CPS
2022-2023	85%
2021-2022	85%
2020-2021	96%
2019-2020	96%
2018-2019	81%

Source: GEN-TRACK Database

PEMs prevent unnecessary trauma in the lives of children through early intervention resource education, referral, and a multi-organizational approach. This intervention allows families and educational systems to work in partnership to solve barriers to a child’s school attendance. Continued expansion of PEMs is anticipated to divert even more families from child welfare involvement.

Kentucky does not anticipate needs for technical assistance to complete the tasks within this strategy.

Please see Attachment 13 2025-2029 CFSP Matrix for tasks, completion timeframes, baseline data, and measurement targets for Strategy 4.3 that are anticipated to assist with expansion of PEMs.

V. Services

Child and Family Services Continuum

This section outlines a brief description of Kentucky's service array continuum. Additional information on the below services and other programs and initiatives within Kentucky's service array, can be found in the title IV-B subparts 1 and 2 sections below, Attachment 11: Service Array Index, and in *Kentucky's CFSR Round 4 Statewide Assessment, Section II: State Context Affecting Overall Performance, Part 3: Current Initiatives*.

Through the implementation of FFPSA, the department has seen great improvements in service provision throughout the state. Although *Kentucky's CFSR Round 4 Statewide Assessment* found items 29 and 30 to be areas needing improvement, Kentucky has made significant improvements since the last CFSP and CFSR Round 3.

Although services in place during CFSR Round 3 and the 2020-2024 CFSP have expanded, some services are still not available to all families due to geographic disparities or partner agency staffing issues. Kentucky has continued to make progress in assessing gaps and quality of services. Partnerships with universities and other agencies providing technical assistance have continued, which have allowed FFPSA and relative/fictive kin services to amplify. Implementation of projects such as SDM[®] have improved the department's ability to assess the strengths and needs of children and families and determine specialized service needs. The range of improvements to the Kinship Navigator array of services is helping children in foster and adoptive placements to achieve permanency. As the state continues to expand the prevention continuum, the increase in individualization of services empowers the agency to identify and address the specific needs of the family more accurately.

Outcomes from the 2020-2024 CFSP show service expansion efforts have been successful, and as services become more customizable, the number of children in OOHC has decreased, resulting in the needs of children, parents, and foster parents being more adequately addressed. Remaining barriers include funding and staffing for further expansion of all EBPs into all counties, specifically for community partners providing the services. Other identified shortcomings regarding services that do not revolve around EBPs were services to parents experiencing incarceration, child care, housing, transportation, mental health services, program hours of operation, and substance use disorder. Gatekeepers also expressed the need for culturally responsive supports, services for children with disabilities, and delays with language access in several regions. All regions indicated there were services for fathers, but not nearly enough to foster true engagement.

Additional information on the strengths and gaps in services and efforts to address these gaps can be found in *Section III: Assessment of Current Performance in Improving Outcomes, Systemic Factors, Service Array, Item 29 Array of Services*, and *Item 30 Individualizing Services* of this plan, *Section IV: Assessment of Systemic Factors, Service Array, and Item 29 Array of Services*, and *Item 30 Individualizing Services* of *Kentucky's CFSR Round 4 Statewide Assessment*, and below.

Prevention, Preservation, Reunification, and Other Treatment Services

Treatment services may be utilized at any stage of a case and one provider may provide more than one type of services. Treatment services to reduce risk, prevent removal, or facilitate reunification are provided by a variety of community partners and funding streams.

Community Collaboration for Children and Family Preservation and Reunification Services

The department's services funded through title IV-B, subpart 2 (Promoting Safe and Stable Families (PSSF)) are available statewide and include the Community Collaboration for Children (CCC) and FPRS.

CCC is funded by PSSF and CBCAP. 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), and 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.

The FPRS service array includes Family Preservation Services (FPS) – for families with children at moderate to imminent risk of out-of-home placement, and Family Reunification Services (FRS) - to help children in OOHC return to their families. FPRS ranges from intensive, short-term four to six-week interventions to moderate risk level interventions, lasting three to six months. FPRS service intensity ranges from three to 10 hours of direct contact occurring in the home. Intensive services require smaller caseloads of two to four families at a time to ensure the intensity level needed is met, and moderate risk level intervention programs serve a caseload of up to six families at a time. FPRS programs serve children from birth to 17 years of age. All FPRS programs utilize EBP interventions and an in-home intervention using a strength-based and trauma-informed approach to working with families. Families served are evaluated at intake, closure, and interim for services extending beyond 45 days using the NCFAS and other evidence-based clinical assessments. This provides a comprehensive assessment of family functioning and determines service needs.

Eligible families are referred by DCBS frontline staff and referrals are screened and approved by a designated DCBS regional staff person. Families are evaluated using the NCFAS and other clinical assessments to provide a comprehensive assessment of family functioning and determine service needs. Lower scores on the NCFAS form the basis for goal development using evidence-based intervention strategies which bear a scientific rating of well-supported, supported, or promising on the Title IV-E Prevention Services Clearinghouse.

FPRS services are provided statewide in all 120 Kentucky counties through contracts with non-profit agencies.

Family First Prevention Services Act

Kentucky was an early implementer of FFPSA and the fifth state in the nation to have an approved Title IV-E Five Year Prevention Plan. Through the five-year prevention plan, DCBS built onto programs that were successfully strengthening families and preventing children from entering OOHC, such as START and KSTEP, which utilize EBPs. Prevention services provided prior to FFPSA implementation were

primarily provided through the Family Preservation Program (FPP) – made up mostly of State General Funds, federal Temporary Assistance for Needy Family (TANF), and title IV-B. Table 27 outlines the current array of approved EBPs within Kentucky’s five-year prevention plan.

Table 27 Evidence-Based Practices Administered by DCBS In-Home Service Providers

Evidence Based Practice	FPP	KSTEP	START
<i>Functional Family Therapy</i>		X	
<i>Motivational Interviewing</i>	X	X	X
<i>*Multisystemic Therapy</i>			
<i>Parent-Child Interaction Therapy</i>	X	X	
<i>Trauma-Focused Cognitive Behavioral Therapy</i>	X	X	X
<i>Sobriety Treatment and Recovery Team</i>			X
<i>Homebuilders</i>	X		
<i>*High Fidelity Wraparound</i>			
<i>*Intercept</i>			

** Standalone EBPs*

For more information on FFPSA implementation, including FPP, START, KSTEP, and EBPs, please see Kentucky’s Title IV-E Five-Year Prevention Plan.

Prevent Child Abuse Kentucky

PCAK’s mission is in collaboration with partners, to prevent the abuse and neglect of Kentucky’s children through advocacy, education, awareness, and training. PCAK, statutorily funded utilizing a portion of state birth certificate fees (KRS 213.141), seeks to build a safer Kentucky, strengthening families two generations at a time, by increasing awareness of child maltreatment through sustainable statewide partnerships. PCAK utilizes a network of partners, professionals, and volunteers to engage in the prevention of child abuse and neglect and develop effective prevention strategies and programs throughout the Commonwealth. Through the various community-based programs, parents and children are afforded the opportunity to learn and create a positive attitude toward their differing roles. With this knowledge, the cycle of child abuse can be broken; the aspects of abuse can be identified, treated, and prevented; and parents and children can develop and maintain open, warm, and loving relationships.

PCAK works closely with CHFS personnel to ensure the goals and services provided under its programs are aligned closely with the overall CFSP. All subcontractors, who are local community agencies, are required to implement evidence-based parent education and support group services. All subcontractors are required to have a process to receive referrals from the state child welfare agency and serve families at risk. PCAK subcontracts, through annual requests for proposal, with programs serving parents in each of the nine service regions. The PCAK state office provides the administration, coordination, training, maintenance, evaluation, and enhancement functions necessary to allow the evolution of viable child abuse prevention options for families. PCAK conducts a variety of outreach programs (Kids Are Worth It!® Child Abuse Prevention Conference; self-help, parent education, and support groups; educational workshops and institutes; 1-800-CHILDREN parent support resource; Partners in Prevention; Child Abuse

Prevention Month; awareness tools; parent engagement/fatherhood; and Lean On Me Kentucky initiatives) throughout the year.

Health Access Nurturing Development Services

The Health Access Nurturing Development Services (HANDS) program is a voluntary home visitation program for new and expectant parents. Any parent expecting a new baby and residing in Kentucky is eligible. Services can begin during pregnancy or any time before a child is three months old. Families begin by meeting with a HANDS parent visitor who will discuss any questions or concerns about pregnancy or a baby's first years. Based on the discussion, all families will receive information and learn about resources available in the community for new parents. Some families will receive further support through home visitation. HANDS is supported by federal Medicaid and state Tobacco Funds and operates statewide as a free service program. The program is housed in the local health departments in all 120 counties in Kentucky.

Head Start

Head Start is a federal program that promotes the school readiness of children from birth to age five from low-income families by enhancing their cognitive, social, and emotional development. Head Start programs provide a learning environment that supports children's growth in many areas such as language, literacy, and social and emotional development. Head Start emphasizes the role of parents as their child's first and most important teacher. These programs help build relationships with families that support family well-being and many other important areas. Many Head Start programs also provide Early Head Start, which serves infants, toddlers, and pregnant women and their families who have incomes below the Federal poverty level. Children from birth to age five from families with low income, according to the Poverty Guidelines published by the Federal government, are eligible for Head Start and Early Head Start services. Children in foster care, homeless children, and children from families receiving public assistance (TANF or Supplemental Security Income) are also eligible for Head Start and Early Head Start services regardless of income.

Child Care Assistance Program

The Child Care Assistance Program (CCAP) provides support to help families pay for childcare. The Division of Child Care (DCC) is responsible for all childcare provider support and DFS helps clients apply for the program. DCC coordinates subsidy payments to providers, CCAP provider fraud reduction, and registered providers. The goal of CCAP is to provide access to quality childcare to enable parents to work, further their education and job training, and/or participate in the Kentucky Temporary Assistance Program (KTAP). Childcare subsidies also are available if the child has a current protection or prevention case or is in the care of a relative or fictive kin. DCC has made regulatory changes to allow CCAP funds to support child care expenses for children in foster care.

Community Response

Community Response is a coordinated response to reports received by DCBS that do not meet criteria for assessment. These reports are referred to a community-based agency to offer supports or resources to the family. The overall goal of this initiative is to strengthen families, prevent child abuse and neglect, and reduce future reports to DCBS, which allows frontline staff to focus on families with the most critical safety issues. Less than half of reports received by DCBS meet criteria for any type of service or

response. However, historically, families have not been referred for other services in a meaningful or structured way. This can lead to mandated reporters falsely assuming that the family's need has been addressed. This is often one of the greatest missed opportunities for true prevention of child maltreatment.

Services are voluntary and intended to help “plant the seed” and inform families of services available within their own communities. The work is centered around meeting families where they are and to prevent involvement with the child welfare system.

Community Response is currently being piloted in Montgomery, Clark, Powell, Bath, and Rowan counties in partnership with Gateway Children's Services; Kenton, Campbell, and Boone counties in partnership with the Brighton Center; Barren and Perry counties in partnership with FRYSCs. When a report is received in one of these counties that does not meet acceptance criteria, central intake staff refer families to the appropriate community-based providers.

For more information on Community Response, please refer to *Kentucky's CFSR Round 4 Statewide Assessment, Section II: State Context Affecting Overall Performance, Part 3: Current Initiatives*.

For more information on these and additional services, please refer to Attachment 11. Service Array Index.

Intervention

By statute, the department receives, and screens reports of child abuse and neglect in the state. An allegation that does not meet criteria for investigation, as defined by statute and regulation, may be referred to other resources as appropriate (Community Response, FRYSCs, etc.). Families in need of additional food, housing, or other supportive service may be referred to the department's family support programs. Needs may also be served by community resources such as local food banks or similar programs.

During the investigation/assessment, frontline staff use the SDM® risk and safety assessment tools to address allegations and assess any safety threats and risk factors present within the family. If warranted, department personnel may open a case for ongoing service to continue service provision as guided by investigative and ongoing assessments.

Title IV-B subpart 1 funds are used to make foster care maintenance payments for children who enter OOHC as the result of department intervention. The funds also finance frontline worker salaries.

The following are only a few intervention services available within Kentucky's service array. For more information on these and additional services available in Kentucky, please refer to Attachment 11. Service Array Index.

Kentucky Early Intervention System

Kentucky Early Intervention System, formerly known as First Steps, is a statewide early intervention system that provides services to children with developmental disabilities from birth to age three and

their families. Kentucky Early Intervention System is Kentucky's response to the federal Infant-Toddler Program. Kentucky Early Intervention System offers comprehensive services through a variety of community agencies and service disciplines and is administered by DPH within the cabinet.

Targeted Assessment Program

Kentucky's Targeted Assessment Program (TAP) provides intensive services to parents involved in the state's child welfare and TANF systems. Over the past 20+ years DCBS has collaborated with UK to provide TAP services. The TAP model co-locates professional targeted assessment specialists (TAS) in public assistance and child protective services offices in Kentucky counties designated by DCBS. TAP helps participants overcome barriers to self-sufficiency, stability, and family safety through a holistic and multidimensional approach, enhancing DCBS capacity to respond effectively to the families it serves. The TAP model includes comprehensive assessment addressing (1) substance use; (2) mental health; (3) intimate partner violence victimization; (4) learning disabilities and deficits; (5) parental protective factors; (6) unmet basic needs and other structural barriers to service engagement; and (7) parental and family strengths. TAP staff prepare participants for treatment, "frontload" services and support, refer them to community-based services and treatment programs, and facilitate their follow-through with referrals and services. By using a trauma-informed, strength-based approach, TAP partners with the DCBS and other community providers to keep families together and meet safety, permanency, and well-being outcomes for parents and children.

Children's Advocacy Centers

The department coordinates the operation of regional child advocacy centers (CACs). In 1998, Kentucky adopted a statewide CAC network, which provides for one CAC in each of Kentucky's 15 Area Development Districts (ADDs). This regional CAC model ensures that children in every geographic area of Kentucky have access to a CAC. The state model provides a core set of standards set forth in KRS 620.020 and 922 KAR 001:580 and modeled after the standards developed by the National Children's Alliance (NCA). These standards require Kentucky CACs to provide, either directly or as part of a collaborative MOU, the following services: forensic interviews, mental health services, specialized child abuse medical exams, advocacy, court preparation, professional training, and community education programming.

Central to the CAC model is the simple, yet powerful, concept of coordination between community agencies and professionals. This coordinated response to child abuse cases is known as a multidisciplinary team (MDT). CACs, along with the other partner agencies, promote timely and effective systemic responses to child abuse by reviewing investigations, coordinating service delivery, and reaching the appropriate disposition of cases in the criminal justice system. The goals of MDTs in Kentucky, as outlined by the Kentucky Commission on Child Sexual Abuse (KCCSA), include: 1) the safety and protection for child victims of sexual abuse and 2) accountability of the child sexual abuse service system. MDT members include child protective services, law enforcement, prosecutors, victim advocates, forensic interviewers, medical providers, mental health providers, and educational professionals. The state provides a critical base of funding needed to operate the CAC network in Kentucky. As private, independent, non-profit organizations, CACs receive additional funding from grants, individuals, and corporate funding opportunities. CACs are also eligible to receive Medicaid

reimbursements for medical exams performed onsite and pursuant to 907 KAR 3.160. CACs may receive \$100 for case management services associated with child abuse medical exams from the CVTF.

For more information on these and additional services, please refer to Attachment 11. Service Array Index.

Foster Care

Kentucky's child welfare system has both public and privately ran foster homes. The department's public foster homes, or DCBS foster homes, are managed by DCBS staff. DCBS staff work relentlessly to recruit homes within Kentucky to meet the needs of children entering care. The department has a dedicated statewide diligent recruitment specialist position who provides technical assistance and support to the service regions. Kentucky has made significant efforts over the past five years to develop and implement processes that allow relative and fictive kin caregivers service array options when caring for their kin, including a pathway to become approved foster parents.

DCBS foster home types include basic foster homes, advanced foster homes, medically complex homes (for children with medical challenges), specialized medically complex homes (for children with medical and emotional challenges), degreed medically complex homes (for children with medical challenges in which the primary caretaker is a health care professional), and care plus foster homes (for children with emotional or behavioral challenges).

Private foster homes, often referred to as PCP agencies, are contracted agencies and provide additional case management and therapeutic services internally. Additionally, children with higher levels of service needs may be placed with a PCC agency, which is a residential setting rather than a home-based setting. There are approximately 49 PCP and PCC providers in Kentucky, with over 100 offices. Many agencies have both PCP and PCC placement types.

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.

Title IV-E Foster Care Program Audit

The department received findings from the title IV-E foster care program audit, contained in the OIG audit report in February 2024, which determined that Kentucky experienced challenges in meeting federal and state foster care program requirements during the COVID-19 pandemic, for the period of January 1, 2020, through December 31, 2020. The following outlines the areas for improvement, OIG recommendations, and Kentucky's response.

OIG Finding: "The state agency did not complete required name-based background checks."

OIG Recommendation: "That the Department of Community Based Services: conduct the name-based checks on the one applicant and one adolescent household member identified by our audit as lacking the required checks and reiterate to staff the importance of adhering to the policies and procedures requiring background checks to be completed before approving foster homes."

Kentucky's Response: "KY concurs that the state did not consistently follow its policies and procedures for ensuring the name-based checks were routinely followed and that the implementation of fingerprint checks was delayed due to technical issues of developing a new live-scan fingerprinting system. After reviewing the audit, the specific cases that were not in compliance with the name-based checks, were those being approved for relative/fictive kin foster care approval where the child was placed with the family at the time of removal. To address this challenge surrounding relative placements regulatory changes will be made to ensure more timely checks occur at the time of the initial relative placement."

OIG Finding: "The state agency delayed the return to fingerprint-based background checks."

OIG Recommendation: "That the Department of Community Based Services: conduct FBI fingerprint checks on the five applicants and other household members identified by our audit as lacking completed checks."

Kentucky's Response: "On March 15, 2023, the fingerprint-based check for foster parents launched through the KARES system. An online training was provided to department staff along with written guidance. The audit conclusion found 5 individuals of the initial 30 that still needed to be fingerprinted. 3 of those individuals were adult children of the foster parents and no longer reside in the foster home and the other 2 were printed in late July 2023. The name-based and the FBI fingerprint checks that the audit found deficient have since been resolved. An online training about how to use the background check system and the policies and procedures of the department was completed in March 2023 during the launch of KARES. Educating staff on the policies and procedures of the background checks requirements took place by the department during a statewide supervisory meeting on June 6, 2023, and again on October 11, 2023, and will continue to take place as staff familiarize themselves with the new process."

KY concurs that the state did not consistently follow its policies and procedures for ensuring caseworker visits occurred. KY Standard of Practice requires caseworkers to conduct face-to-face visits with children placed in out-of-home care (OOHC) in all placement settings at least one (1) time every calendar month. During the COVID-19 pandemic virtual homes visits were an acceptable form of contact in some instances. Virtual visits are no longer an acceptable form of contact for youth in OOHC as the COVID-19 provisions have ended. Ky Standards of Practice states that the caseworker uses face-to-face contact to assess safety threats and risk factors surrounding the child's placement and to ensure the child's assessed needs are being served appropriately through correct services referrals."

OIG Finding: "The state agency did not document all required caseworker visits."

OIG Recommendation: "That the Department of Community Based Services: identify ways to address the challenges related to meeting the requirements for conducting monthly caseworker visits, including consulting with ACF."

Kentucky's Response: "KY experienced high caseloads, worker turnover, and staffing shortages that resulted in the visits not occurring as required. The agency has trainings, management reports, and consultation models in place to assess the frequency of worker's visits. Specific plans are developed regionally to address challenges with completion of caseworker visits."

Kentucky's implementation of the Kentucky Applicant Registry and Employment Screening System (KARES) in 2023 addresses concerns related to fingerprint-based background checks and will eliminate

these issues in the future. This background screening process includes abuse registry checks and fingerprint-based background checks through KSP and the FBI. New background checks are completed as members of the household reach an age for a required background check, or a new member moves into the home. KARES provides continuous background checks for all foster home applicants and adult household members entered in the system. This replaced the manual process for annual background checks, ensuring that background checks are continuously up to date for all existing foster parents. For more information, please refer to *Section IV. Assessment of Systemic Factors, Foster and Adoptive Parent Licensing, Recruitment, and Retention, Item 34. Requirement for Criminal Background Checks in Kentucky's CFSR Round 4 Statewide Assessment.*

For information on Kentucky's efforts to improve caseworker visits, please refer to *Section V. Services, Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits* of this plan.

Family Support Services

In addition to the services outlined in Attachment 11 and under title IV-B subpart 2 below, family support services including Medicaid, food stamps, and TANF programs are available statewide. Services are coordinated through the department's DFS. In addition, DFS offers many specialized services.

The Family Assistance Short Term (FAST) program, a new, short-term cash assistance program that can be an alternative to ongoing KTAP benefits. The FAST program promotes an expanded eligibility criteria and individuals do not have to be KTAP-eligible to receive FAST assistance; FAST eligibility has its own application and eligibility criteria. One or more checks with a combined total of up to \$2,600 may be issued to resolve short-term needs within a three-month period. Income is based on the 100% federal poverty level, which widens the income limits for individuals and increases eligibility. FAST is administered statewide and is funded by title IV-A and TANF.

The Work Incentive Program (WIN) is a work expense reimbursement program. Eligible recipients receive a monthly payment to cover any work-related expense for a period up to 12 consecutive months. WIN assists families transitioning off public benefits by enabling the family to achieve or maintain self-sufficiency. WIN also promotes family stability, preventing OOHC placement of children.

Safety Net is a short-term intervention program that provides services to former recipients of TANF cash assistance who are no longer eligible for assistance due to failure to comply with participation requirements or reaching their 60-month lifetime limit of receipt. The goal of Safety Net is to prevent out-of-home placement of children in these families.

The Child Care and Development Fund (CCDF) is the principal source of federal funding for DCC initiatives that maintain health and safety standards and improve child quality in child care settings. Direct TANF dollars are used to fund CCAP benefits on behalf of individuals who receive public assistance. In addition, State General Funds and Tobacco Settlement Dollars are combined with CCDF dollars to fund CCAP, child care quality initiatives, fitness determinations (background checks), and early care and education professional development.

Adoption Promotion and Support Services

Adoption Support for Kentucky (ASK)

Adoption Support for Kentucky (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, email, 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 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 University Training Consortium (UTC), and ECU. 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 R&C staff on training topics the program can offer to meet regional needs. Feedback regarding the performance of the adoptive parent liaison(s) is also requested. R&C supervisors receive program updates during their statewide meetings. Further, team members of each Foster/Adoptive Support and Training (FAST) program (ASK, Medically Complex Training Program, Foster Parent Mentor Program, and the Foster Parent Training Program) administered by the UK College of Social Work's Training Resource Center (TRC) reviews program services, needs, and linkages.

Kentucky Adoption Profile Exchange

KAPE was designed to specifically recruit for Kentucky children who are legally free for adoption but have no identified permanent home. KAPE is funded through title IV-E, title IV-B subpart 2, and State General Funds. Each service region also conducts general recruitment activities according to an individualized regional plan designed to increase the overall number of available resource homes for both foster and adoptive placements.

Relative and Fictive Kin Care

Kentucky utilizes funds from the Children's Bureau for multiple kinship navigator programs. Funds are used for contractual services through two university-based partners, ECU's UTC, UK's TRC, and Conduent. Targeting relative and fictive kin caregivers, the university partners implemented a communications strategy and a support network comprised of paraprofessionals and peer kinship caregivers.

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. 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 [KY FACES](#) website and the Kinship Support Hotline. The KY FACES website was originally designed as a hub for foster parents and contained a portal for those families to gather information and resources and includes the Kinship Navigator portal. The Kinship Navigator portal provides basic information to all caregivers and provides links and contact information for programs beneficial to caregivers.

The three following services are available to relative and fictive kin caregivers statewide.

KY-KINS Peer Support System

KY-KINS is a peer support program in which certified peer supporters are matched with kin caregivers.

KIN-VIP

KIN-VIP (Kinship – Virtual Interaction Pilot) is a virtual support group for kinship providers. KINS-VIP is a cutting-edge, programmatic initiative designed to improve service delivery, support, and foster collective community to Kentucky’s kinship providers.

Kinship Catalogue

A series of virtual trainings for kin providers is under development. These trainings will be organized as a “catalogue”, where kin providers can access the brief (15-20 minute) trainings on-demand. Assessment will include general knowledge acquisition.

DCBS partners with the University of South Florida to provide Just In Time (JIT), a web-based service program designed to connect parents, kinship caregivers, or other caregivers with training, peer experts, and other resources. The program includes web-based training (WBT) on variety topics that prepare caregivers to support foster youth in their transition to adulthood.

Independent Living

The principles of positive youth development are the cornerstone of the department’s Chafee program. The program strives to be intentional in engaging foster youth in a manner that builds upon their strengths and promotes positive outcomes by providing opportunities to build skills and foster healthy relationships. The program mandates that all children, ages 14 and above, in OOHC receive transitional services, regardless of permanency goal and have regular, ongoing opportunities to participate in age or developmentally appropriate activities that foster a sense of normalcy. Additionally, the program identifies children likely to remain in OOHC until age 18 and assists them in making the transition to adulthood 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 including Chafee program personnel, foster parents, and provider personnel. For youth ages 18 to 23, the department contracts with service providers for 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 regarding finances, housing, counseling, employment, education, and job training. The

supports and services provided through the Chafee program directly align with the department's mission to reduce poverty and to advance person and family self-sufficiency, recovery, and resiliency.

Kentucky's state administered system provides Chafee services and supports to all eligible foster youth throughout the Commonwealth. Transition age foster youth in all nine service regions are eligible for the same Chafee services and supports. However, utilization of the services may vary per county due to variables such as availability of public transportation, childcare, employment opportunities, internet access, and affordable housing options.

Other Permanent Living Situations

The department is currently working to implement the Title IV-E Guardianship Assistance Program (GAP), which in Kentucky will be known as subsidized permanent custody (SPC) to prevent confusion with the already existing adult guardianship program. Nationally, guardianship has emerged as a permanency option for children in the state's custody because it creates a legal relationship between a child and caregiver that is intended to be permanent without requiring the termination of the biological parents' rights. The goal of providing SPC is to provide legal and physical permanency for children and their caregivers, provide ongoing financial and other supports, reduce the number of children languishing in foster care for years, and reduce administrative burdens and costs to the department and courts.

SPC will be implemented in 2024, concurrent with lessening relative and fictive kin foster home requirements and allowing relative and fictive kin caregivers more time to make custody decisions. SPC will be a permanency option for caregivers who have been a relative or fictive kin foster home for the child(ren) in their care for a minimum of six consecutive months in most cases. SPC will be an option in cases where reunification or adoption are not in the best interest of the child. This will be another option in the department's expansion of services for relative and fictive kin caregivers. The primary difference between this permanency option and adoption is that SPC does not require TPR.

For caregivers and children who meet the SPC eligibility requirements and maintain compliance with standards established in [922 KAR 1:145](#), financial support will be provided monthly. The amount will be agreed upon and established in a contract/agreement between DCBS and the caregiver. Additionally, the child will continue to be eligible for Medicaid services.

Annual contact will occur between the department and caregiver to ensure the child continues to be supported by the caregiver post-permanency achievement. Annual contact will also provide an opportunity for the caregiver or child to ask questions or seek further supports. DCBS is allowed to alter, suspend, or terminate the subsidy payments under specific circumstances in which the caregiver is no longer providing for the child.

Service Coordination

The department leads service provision for child protective services, adult protective services, prevention and community well-being, and financial assistance programs. The inclusion of the four program areas under the same leadership team ensures better coordination for the shared service population. The department collaborates with many entities, as outlined in *Section II: Vision and*

Collaboration of this plan, including DBHDID, the private childcare community, KDE, and AOC. Administrative interactions between the agencies are both formal and informal and include both general coordination efforts and project-based discussions. Examples of specific community partner involvement includes local MDT meetings; local, regional, and SIAC; quarterly plan of safe care meeting; CQI meetings; quarterly PCC and PCP meetings; and CFSP stakeholder CQI meetings. Additionally, efforts to coordinate services (including information around CBCAP, CJA, and court improvement project (CIP)) can be found throughout this narrative and Attachment 11: Service Array Index.

Service Description

Kentucky's CFSR Round 4 Statewide Assessment indicates that Kentucky is not in substantial conformity with Systemic Factor 5 Service Array and Resource Development. Both items within this systemic factor were found as areas needing improvement. For the in-depth assessment of items 29 and 30, including strengths and gaps, please refer to *Section IV. Assessment of Systemic Factors, Service Array* within *Kentucky's CFSR Round 4 Statewide Assessment*.

Kentucky is involved in and has prioritized upstream efforts towards primary and secondary prevention, including enhancing community involvement efforts through involvement in Thriving Families Safer Children, Kentucky's implementation of a Prevention Collaborative for primary and secondary prevention, a state plan for primary and secondary prevention, and regional collaboratives and plans for primary and secondary prevention. Prior to Family First implementation, Kentucky also engaged community providers in a readiness assessment, which aided in the initial Title IV-E Five Year Prevention Plan submission and initial title IV-E EBP selection. In consideration of funding use to expand the service array of EBPs available, re-engaging community partners would provide an opportunity to assess gaps in current service provision. This is also aligned with the Kentucky goal to amend the foster care candidacy definition to include families without ongoing DCBS involvement through leveraging existing interventions being used in Kentucky communities. Additionally, mental health screening and assessment expansion to provide services to children who remain in their home is anticipated to improve individualization of services and increase the use of mental health services.

Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1)

Title IV-B, subpart 1 funds are used to make foster care maintenance payments for children who enter OOHC as the result of department intervention. The department does not anticipate changes in how funds are used over the next five years.

Services for Children Adopted from Other Countries (section 422(b)(11) of the Act)

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, 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 frontline staff.

In 2023, there were seven foreign adoption certificates of registration processed. This was an increase of three from the previous year. To receive the certificate, the adopted child must return to the United States with an IR-3 or IH3 visa status. 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.

When an adoption is finalized in Kentucky, after-placement and finalization services for Kentucky families are the same as for interstate placements and are provided by the private agency. DCBS is not involved in the facilitation or finalization of inter-country adoptions. All inter-country adoption petitions are reviewed by the Adoption Services Branch. If a private agency is identified, the petition is sent to that agency requesting a court report. If no agency is identified and the adoption was finalized in an out-of-country, Hague accredited country, a report is sent to the court advising that no report is needed because the adoption is already final, and the child is in the country on a full Visa. If no agency is identified and the adoption was not final in a Hague accredited country, a report is sent to the court advising that the department is not qualified to perform inter-country court reports.

[922 KAR 1:540](#), Registration of a foreign adoption, establishes the requirements and process by which a certified notice registering a foreign adoption in Kentucky is requested and provided. The amendment to this administrative regulation includes the IH3 Visa issued for a child adopted in a country that is a member of the Hague Convention and has an accepted visa by United States Customs and Immigration Services. The amendment simplifies the process through which the adoptive parent submits the required documents, makes technical changes necessary for compliance with KRS Chapter 13A, and makes conforming amendments in the material incorporated by reference.

Over the next five years, the department will continue to provide technical support as needed for providers working with families of and children who were adopted from other countries.

[Services for Children under the Age of Five \(section 422\(b\)\(18\) of the Act\)](#)

There are many services within Kentucky that address the needs of children in various age groups, including children under the age of five, that are described in detail throughout this narrative and within Attachment 11. Service Array Index. The following is only a snapshot of available services. Kentucky plans on implementing a family finding module to assist with locating and identifying relatives or absent parents. Early identification of these individuals may result in increased and timely permanency for this population.

Early Periodic Screening, Diagnosis, and Treatment Services (EPSDT)

DPH provides Early Periodic Screening, Diagnosis, and Treatment Services (EPSDT) 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

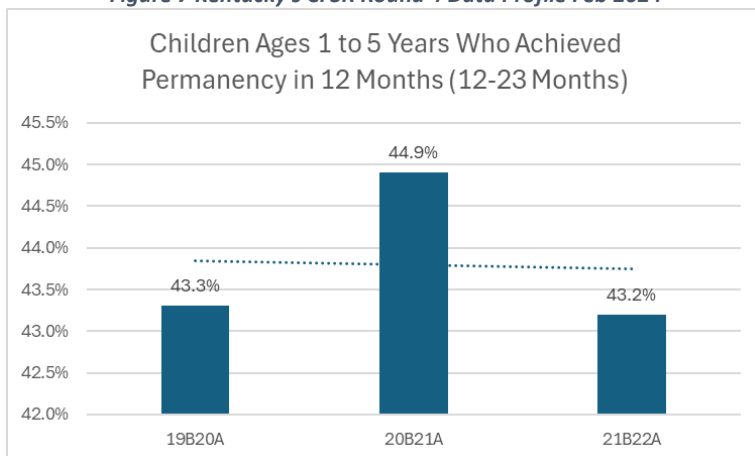
services (preventive, diagnostic or treatment, or rehabilitative services). Children who are eligible for Medicaid are also eligible for EPSDT services from their local health department.

In-Home Prevention Services

DPCW’s Prevention and EBPs Branch programs primarily work with children in their homes; however, KSTEP and START are in-home services that continue to work with the family post-removal to expedite return of the children to their home. For families that successfully completed the KSTEP program in CY 2023, 91.1% of children were able to safely remain in their home of origin or with relative placement when only considering families who successfully completed KSTEP. At case closure, 81.9% of children remained in their home of origin or with relative placement in CY 2023 when considering all closure reasons (this includes families that did not successfully complete the program).

START pairs a specially trained child welfare social worker with a family mentor, who is a person in long-term recovery with previous child welfare experience to help guide and coach the family through both the recovery and child welfare process. START intervenes quickly once the family comes to the attention of child welfare and throughout the child welfare case. Quick access to comprehensive SUD assessment and treatment services are provided to families in START along with intensive child welfare services and cross systems collaboration. Overall, START served 291 families, with 568 children and 496 adults, in 2023. Across all sites and years, almost two-thirds of cases end with children remaining or being reunited with their parents. Another 26% end with children being placed with relatives, meaning 90% of families have children residing with parents or other family. Only 10% of START families have ended with parental rights being terminated.

Figure 7 Kentucky's CFSR Round 4 Data Profile Feb 2024



As seen in Figure 1, the percent of children ages one through five who have achieved permanency in 12 months (12-23 months), the permanency data indicator with which Kentucky has struggled the most, has stayed consistent over the past three reporting periods. Over the next five years, the department will continue to expand FFPSA services to prevent children from entering OOHC. The department will continue to use the regional permanency calls to monitor trends and track the permanency efforts and progress made for all children in OOHC. Generally, Kentucky does not experience barriers to locating a permanent home for this population. In instances of behavioral or health complexities that may make permanency more challenging, the child may be referred to WWK or KAPE.

Efforts to Track and Prevent Child Maltreatment Deaths

Kentucky uses its 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 and case disposition. A discussion of the contents of these documents is included in the assessment entered into TWIST. These documents, as well as any additional documents such as those produced by law enforcement, are maintained in the case file.

Department staff regularly participate with DPH's State Child Fatality Review and Injury Prevention Team. This team consists of pediatric forensic medicine, the state medical examiner, FRYSCs, local coroners, law enforcement, Kentucky Injury Prevention and Research Center (KIPRC), and Kentucky Safety and Prevention Alignment Network (KSPAN). Prevention efforts in collaboration with DPH include recommendations and initiatives developed because of child fatality reviews. DPH's most recent Child Fatality Review Annual Report is accessible here: [CFRAnnualReport.pdf \(ky.gov\)](#).

The department also submits all fatality and near fatality cases for review to 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 publicly. 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 safe sleep workgroup developed from panel recommendations in 2022 to respond to the increases in safe sleep deaths concluded its work the following community outreach initiatives:

- Updated training on safe sleep for foster parents and DCBS social workers developed by EKU.
- DCBS plan of safe care policy in SOP to include latest information on safe sleep guidelines so that safety and risk assessments have safe sleep guidance and workers can include safe sleeping instructions when they visit families.
- Safe Sleep KY materials were shared with Community Action Kentucky and liaisons were established for future collaboration. Community Action Kentucky developed a Q&A flyer to distribute to their contacts.
- Safe Sleep KY materials were shared at the plan of safe care statewide meeting and the Kentucky State Fair.

Additionally, the workgroup recommended ongoing safe sleep training for the counselors and staff of residential substance use disorder programs, Health Assess Nurturing Services programs, DCBS staff and foster parents. This group consisted of representatives from DPH's Maternal and Child Health (MCH), DCBS, DBHDID, EKU training program, and other key stakeholders.

The department continues to participate in panel meetings. The panel, through this collaboration, has developed and implemented surveys for health department staff and coroners and plan evaluation of the feedback from these surveys to highlight barriers and challenges related to cases involving fatality cases. This data is entered into national center databases that will aid in further breaking down case details related to statistics for Kentucky on different types of child deaths. It is anticipated that this collaboration will better inform interventions to address areas of safe sleep practices, suicide prevention, and better prepare healthcare staff, behavioral healthcare providers, and school systems to target at risk youth and have evidence-based screening tools and resources available.

MaryLee Allen Promoting Safe and Stable Families (PSSF) (title IV-B, subpart 2)

Family Preservation and Time-Limited Family Reunification Services

The FPRS service array includes Family Preservation Services (FPS) – for families with children at moderate to imminent risk of out-of-home placement, and Family Reunification Services (FRS) - to help children in OOHC return to their families. FPRS ranges from intensive, short-term four to six-week interventions to moderate risk level interventions, lasting three to six months. FPRS service intensity ranges from three to 10 hours of direct contact occurring in the home. Intensive services require smaller caseloads of two to four families at a time to ensure the intensity level needed is met, and moderate risk level intervention programs serve a caseload of up to six families at a time. FPRS programs serve children from birth to 17 years of age. All FPRS programs utilize EBP interventions and an in-home intervention using a strength-based and trauma-informed approach to working with families. Families served are evaluated at intake, closure, and interim for services extending beyond 45 days using the NCFAS and other evidence-based clinical assessments. This provides a comprehensive assessment of family functioning and determines service needs.

Eligible families are referred by DCBS frontline staff and referrals are screened and approved by a designated DCBS regional staff person. Families are evaluated using the NCFAS and other clinical assessments to provide a comprehensive assessment of family functioning and determine service needs. Lower scores on the NCFAS form the basis for goal development using evidence-based intervention strategies which bear a scientific rating of well-supported, supported, or promising on the Title IV-E Prevention Services Clearinghouse.

FPRS services will continue to be provided statewide in all 120 Kentucky counties through contracts with non-profit agencies.

The department received \$10,000,000 in funding for SFY 2023, and an additional \$10,000,000 in funding for SFY 2024 with the agency's biennium budget for utilization with Family First programs.

Beginning October 1, 2026, the federal reimbursement for title IV-E prevention will increase to the state's FMAP rate, which will be roughly 72% in Kentucky (based on the current FMAP rate). Similarly, Kentucky received a federal certainty grant, granted to former waiver demonstration states. The current amount of this grant is \$3,003,300. This grant amount can be adjusted based on the state's title IV-E claiming, but it must be used by 9/30/2026. It can also be used to support implementation of Family First services.

Table 28 Family Preservation and Reunification Services Continuum, CY 2023

Service Type	Referral Criteria	Details	FPRS Outcomes
Family Preservation Services (FPS)	<i>Moderate to imminent risk of removal of child from home.</i>	Duration: 1-6 months for 3-10 direct hours per week Caseload: 2-6 families at a time Ages: 0-17 years old	1,668 of 1,918 families completed services.
Family Reunification Services (FRS)	<i>Immediate to moderate risk cases with a plan to return a child home from OOHC.</i>	Duration: Average 3-6 months intervention meetings; 1x/week for 3-8 direct hours based on family needs Caseload: Carry a caseload that adheres to the approved EBP model and best practice (not to exceed 24 planned direct service hours with families in each week) Ages: 0-17 years old	3,519 of 3,977 children remained safely in the home (89%)

From January 1, 2023, through December 31, 2023, there were 1,918 families with 3,977 children at risk of OOHC placement or reunifying from foster care participating in one of the FPRS services. 3,519 of those children were reunified with their families or remained home safely at closure indicating an 89% 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 80% or more of children remaining in the home indicates that the services were successful. Families and children who have completed FPRS services also receive a follow-up at three, six, and 12 months to determine if the child who was at risk of placement (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 29 Follow-up Activity Completed from January 1, 2023 - December 31, 2023

6 Month Follow-Up		All FPRS
# Children at Risk		1,258
# Children at Risk in Home		1,097
% of Children at Risk in Home		87%
12 Month Follow-Up		All FPRS
# Children at Risk		39
# Children at Risk in Home		37
% of Children at Risk in Home		95%

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 six-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.

Future goals include assessment of expanding FPRS to include funding to impact recruitment and retention of provider staff through salary increases ensuring a competitive rate to optimize the use of expansion funding and serving families. The department 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 title IV-E EBPs are approved for use with FPRS statewide:

- FFT
- Homebuilders Model
- MI
- MST
- PCIT
- TF-CBT

FPRS services are funded through multiple funding streams:

- State General Funds
- Title IV-B Subpart 2 Funds (Promoting Safe & Stable Families)
- TANF funds; and
- Title IV-E funding

For Federal Fiscal Year (FFY) 2025, Kentucky estimates it will serve 2,489 families and 5,637 individuals through Family Preservation and 3,719 individuals through Family Reunification Services as outlined on Kentucky's CFS 101 Part II.

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, email, 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 to prevent pre-adoption disruption and post-adoption dissolution. ASK services will continue to be available to families formed through state, private, relative, or international adoption. They will also continue to be available to foster and adoptive parents, relative caregivers, and those considering foster care and adoption. ASK will continue to be available statewide and be funded through title IV-B monies.

ASK works in partnership with DCBS, foster and adoptive parents, the UTC, and ECU. 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 R&C staff on training topics the program can offer to meet regional needs. Feedback regarding the performance of the adoptive parent liaison(s) is also requested. R&C supervisors receive

program updates during their statewide meetings. Further, team members of each FAST program (ASK, 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.

Table 30 outlines ASK trainings provided from January 1, 2023, through December 31, 2023. 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. The ASK program experienced a decline in attendance during the latter half of 2023, likely in response to a change in foster parent training requirements during the summer of 2022. Previously, foster parents had to obtain part of their yearly training credit hours in a live, face-to-face setting. ASK-VIP trainings successfully fulfilled that requirement. The change allowed foster parents to obtain all training credit via online learning modules. Although this has influenced attendance numbers, ASK adoptive parent liaisons continue to provide around the same hours of support to foster families each month. This trend encouraged the program to focus on specialized support rather than training.

Table 30

ASK Statistics (January 1, 2023 – December 31, 2023)
65 training topics are currently available in the ASK Training Library. One training is presented by an adoptive parent liaison (APL) at each ASK in-person and virtual meeting. Foster parent participants receive one and a half hours of ongoing elective foster parent training credit at each in-person meeting and one and a half hours of ongoing elective foster parent training credit at each virtual meeting. Training is also provided by APLs in a one-on-one setting with foster/adoptive parents as requested by their R&C supervisor.
585 ASK trainings and support groups were held across all nine DCBS service regions.
3,366* parents were served through ASK trainings and support groups <i>*This number may reflect adults who attended a group more than once in 2023.</i>
862 unique attendees participated in ASK groups.
1,342 phone calls were made to 904 foster/adoptive parents.
933 emails were sent to 899 foster/adoptive parents.
2,002 support texts were sent to 1,074 foster/adoptive parents.
589 support activities, (i.e., FP posts, private messages) were made through social media to 1,664 foster/adoptive parents.
315 foster/adoptive parents received support through 453 face-to-face interactions.
44,881 ASK contacts** to promote the program were made by APLs. <i>**Includes contacts made through mass email distribution but does not include email distribution by the College of Social Work TRC (see below).</i>
APLs attended 44 pre-service meetings across the state.
1,781 total hours of support were reported by APLs serving families throughout the Commonwealth.
48 ASK promotional emails were sent by the TRC to a database of over 10,000 recipients.

ASK-VIP offers several specialized parent support groups, encouraging foster/adoptive parents who have a similar family dynamic to attend a group to meet and support others. The specialized support groups offered in 2023 were LGBTQIA+, transracial, medically complex, and parents of children who are deaf or

hard of hearing. Each participant and the facilitator attended the virtual meeting using an Oculus headset and could create their avatar to represent themselves in the meeting space. The feedback from participants was very positive. In 2023, there were 205 specialized support group attendees. The ASK program is dedicated to enhancing its training curriculum in response to valuable feedback from Kentucky families. Recognizing the significance of topics such as autism, fetal alcohol spectrum disorders, and navigating challenging behaviors, ASK is committed to updating offerings and developing new, comprehensive sessions. The ASK initiative underscores a professional commitment to addressing the specific needs of families throughout the state. Through ongoing collaboration and meticulous attention to feedback, ASK strives to maintain the highest standards of relevance, comprehensiveness, and effectiveness in training programs.

Adoptive Parent Liaison Professional Development and Technical Assistance

Adoptive parent liaisons attended implicit bias and diversity training to help them continue to look at themselves and how they facilitate their groups and what growth, or changes, might be needed. The ASK team provides ongoing technical assistance to liaisons and foster/adoptive parents navigating the learning management system and troubleshooting issues with registration, Zoom, or receiving foster parent training in the online system.

Proposed Future Directions of the Program

ASK-VIP continues to provide virtual training and support for foster/adoptive parents throughout the Commonwealth, however, plans to focus more on the specialized support portion of the program. ASK is committed to meeting the evolving needs of Kentucky families by updating training curriculum and introducing new trainings that address topics such as autism, fetal alcohol spectrum disorders, and navigating challenging behaviors. ASK understands the importance of providing tailored support and information that directly responds to the concerns and priorities shared by families across the state. Through collaboration and ongoing feedback, ASK is dedicated to ensuring training programs remain relevant, informative, and empowering for all.

Each year, the ASK program sends out an evaluation to participants of an ASK training or support group. This feedback will help determine what areas of training and support are needed and how services can be improved to provide the best resources for foster/adoptive families.

Service Decision-Making Process for Family Support Services (45 CFR 1357.15(r))

CCC is funded by PSSF and CBCAP, including ARPA. 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). Both CBCAP and PSSF will continue to be used to develop, operate, expand, and enhance community-based and prevention-focused programs. Two direct services are provided through these funding streams: IHBS and PEMs.

1. IHBS are available 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-income families, and any other type of family in need of assistance. 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 18 counties. PEMs bring families, agencies, and community partners together to discuss barriers leading to educational neglect. Using a strengths-based approach, facilitators assist families in the development of a plan to assist in eliminating barriers to school attendance and linking to community resources. Referrals are accepted from the school system. PEMs target school-aged children (ages 5-11) at risk of educational neglect. In 2023, 1,192 families received PEM services and 85% 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 will continue to serve all 120 counties. CBCAP exclusively funds regional networks in each of the CCC service areas. A regional network is a community-based collaborative including community partners, child welfare, and parent representatives within each service area whose members meet at least five times per year. The regional network provides collaboration and support to CCC service providers, and the members share regional resources and discuss child abuse prevention in local communities. Regional needs assessments are completed yearly to determine the goals for each network. Data is shared by partners and presented at network meetings. These collaborations are a unique component of the program and fulfill the statewide network requirement of the CBCAP grant.

In CY 2023, IHBS served 424 families with 935 children. CCC provides supports to families according to the state's in-home services continuum. Services were designed to develop, support, and empower the family through teaching appropriate discipline, child development, and problem-solving skills; assisting parents to advocate for themselves; and coordinating community resources. CCC utilizes evidence-based curricula for all in-home services provided to families.

CCC is committed to recognizing the importance of parents throughout the program. The initial level of parental involvement is within in-home services as they are the most important element within their family. Upon completing in-home services, families have the tools necessary to be self-sufficient and have a stronger connectivity of resources within their communities. Parents with lived experience are offered an opportunity to serve on their local regional networks as a voice for their communities. Once parents serve on their local networks, they are granted an opportunity to be on the statewide Parent Advisory Council. They may serve on the National Parent Advisory Council. CCC's parent leader is currently serving in this capacity.

CCC is included among the services essential to achieve the outcomes in Kentucky's CFSP. Kentucky conducts quarterly CFSP Stakeholder CQI meetings including community partners, providers, child welfare staff, and parents. These meetings allow interagency collaboration on the state's CFSP. CCC staff, CBCAP state leads, and parents from across the state participate in the CFSP Stakeholder CQI meetings.

DCBS representatives provide CFSP and CFSR updates at local regional network meetings. The DCBS representatives allow community partners and parents a chance to provide their input related to services and how those may improve. DCBS staff are available to meet with participants, privately if

requested. Statewide and regional data is provided during network meetings to inform participants on trends and assist in the identification of potential areas for training and outreach.

CCC in-home services staff continues to provide Ages and Stages Questionnaire-3 and Ages and Stages Questionnaire (ASQ), Social and Emotional screening to all children under the age of five and a half years. The ASQ helps parents identify their children's strengths or areas where they may need additional support.

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 provide primary prevention efforts, such as events, information campaigns, and training opportunities in each of the areas of the state. In addition, any regional network member can present a family's need to the group and request assistance in the form of donations or other means of support.

The CCC program will continue to focus on IHBS, regional networks, and PEMs across the state. The goal is to decrease CCC in-home services waitlists, provide concrete supports for families, expand PEMs, and enhance primary prevention efforts through the local regional networks. In addition, Kentucky is one of the jurisdictions selected for the Thriving Families, Safer Children initiative. These supplemental CBCAP funds will support this initiative. CBCAP aligns with Thriving Families, Safer Children for primary and secondary prevention. The goal in Kentucky will be to increase the availability of supports, services, and resources within local communities to assist families in becoming successful in raising safe and healthy children, while enhancing the well-being of families. CBCAP funds provided through ARPA must be obligated by September 30, 2025, and liquidated by December 30, 2025. In CY 2023, additional funding through ARPA was used to provide concrete supports. In addition, ARPA funds were used to decrease waitlists for in-home services across and increase the expansion of the PEM program to assist with providing additional services to families. PEMs were expanded for a total of services in 18 counties.

The department is utilizing supplemental funding to provide additional services and supports to families across the state. Supplemental CBCAP funding has been used to expand services under CCC, which is available in all parts of the state but especially critical in rural areas where other services may be sparse. This additional investment in those services increased service provision and eliminate waiting lists across the state. Funding has been used to increase client assistance funds under that program, which provides one-time concrete supports for families who may have a barrier to stability that cannot be met through other programming. Funding has been used to expand PEMs, which have demonstrated success in diverting children struggling with school attendance from coming to the attention of the child welfare agency. These additional investments are responsive to the specific needs of families that have been exacerbated by the COVID-19 pandemic.

Populations at Greatest Risk of Maltreatment (section 432(a)(10) of the Act)

Reviews of fatality and near fatality cases indicate the leading cause of fatalities and near fatalities in substantiated cases continues to be accidental overdose/ingestion (13 instances). The leading cause of death and near death in physical abuse cases is head injury/trauma (four instances). Department data shows that children ages four and under represent the largest number of near fatal and fatal incidents,

including both neglect (13) and physical abuse (four), continuing to be Kentucky's population at greatest risk of maltreatment.

The department will continue to work to incorporate efforts to address neglect by accidental overdose/ingestion by strategizing around preventative efforts. 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, in 2023, the department continued to operate targeted case reviews for children ages four and under with a physical abuse subprogram. The four and under reviews are assigned monthly to the Child Protection Branch within the division. The Child Protection Branch completes approximately 50 reviews monthly, utilizing a statewide random sample. The review consists of questions around ensuring all household members are assessed, and questions about medical treatment and collateral interview completion. There are also questions that clarify if an aftercare plan was developed with a family on cases that were substantiated and closed.

[Kentucky's Child Fatality and Near Fatality External Review Panel](#) released their [2023 Annual Child Fatality Report](#), which consists of a comprehensive review of every child death and near death within SFY 2023 referred to the panel by the department and DPH. This panel is required by state law to meet throughout the year to review each child's case and make recommendations to prevent future incidents. The Child Fatality and Near Fatality External Review Panel partnered with KSPAN to form the Child Home Safety Committee. This committee consists of 75 members from across the Commonwealth with the goal of reducing the number of unintentional overdose/ingestion and firearm injuries in children. The committee originally received a small amount of funding from the Centers for Disease Control (CDC) to purchase and distribute medication lockboxes and trigger locks.

After successful implementation, the committee collaborated with PCAK, the Office of Drug Control Policy, and the Kentucky Agency for Substance Abuse Policy (KY-ASAP) to receive additional funding for medication lockbox distribution. Community partners throughout the state were notified of the project and approximately 70 agencies requested the resources. The initial funding received from the KY-ASAP boards allowed the committee to purchase and distribute 1,335 medication lockboxes and educational material to nine different programs, covering 24 counties. Due to the overwhelming response from community providers, the committee received another funding opportunity which will allow them to purchase and distribute three times the number of lockboxes distributed as part of the original project.

The panel also partnered with PCAK and utilized funding provided by the Kosair Charities' Face It Movement to implement a first responders checklist that can be utilized at the scene of a child fatality or near fatality. The goal of the checklist is to enhance a multidisciplinary approach during these types of investigations. The project includes a short educational video and a checklist, free of charge.

Kentucky will continue to work 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 HANDS, and early childhood education. These services are provided within most 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 START, KSTEP, 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. Service Array Index and throughout this narrative.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

As outlined in [SOP 4.24 SSW's Ongoing Contact with the Birth Family and Child, Including the Medically Complex Child](#), it is the department's expectation that staff have a private, face-to-face visit with the child in their placement at least once every calendar month to assess progress toward case plan goals and objectives and adjustment to the OOHC placement. Staff may utilize the [Caseworker Visit Template](#) to ensure that discussions around the child's progress in placement, as well as information around the safety, permanency, and well-being are occurring.

Over the next five years, the department will utilize monthly caseworker visit funds to improve the quality of caseworker visits with an emphasis on improving caseworker decision making on safety, permanency, and well-being of children in OOHC and recruitment, retention, and training. Monthly caseworker grant funds provided by title IV-E program are not used to supplant other grants or state dollars.

Each region continues to monitor and strategize for compliance with caseworker visit standards using CCWIS management reports. For FFY 2023, the state missed the 95 percent performance standard for caseworker visits by 11%. Because Kentucky scored 11% below the federal threshold, the FFP rate for the title IV-B, subpart 1, Child Welfare Services program funding for FFY 2023 was reduced by one percent from 75% to 72%. Through the department's efforts toward building a 21st century DCBS, 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. Kentucky will utilize this CFSP to target efforts around increasing quality caseworker visits through improved engagement. The department anticipates that through improved quality and engagement, frequency will also increase.

John H. Chafee Foster Care Program for Successful Transition to Adulthood (section 477 of the Act)

Agency Administering Chafee (section 477(b)(2) of the Act)

The Chafee program is administered by the Transitional Services Branch within DPP. The Transitional Services Branch consists of one branch manager, one Chafee program administrator, one National Youth in Transition Database (NYTD) program coordinator, two section supervisors, 13 independent living specialists (ILS), and two supported living specialists. The 13 ILS positions are located throughout Kentucky's nine service regions. The Transitional Services Branch partners and contracts with several agencies to provide Chafee services across the state to eligible transition aged youth who are currently placed in OOHC or who have aged out of care. The Chafee program administrator provides oversight to Chafee service providers and ensures services and supports are provided as outlined within the contracts. The service providers report on service delivery as mandated within the contracts. The administrator and branch manager meet at least quarterly with each service provider to review service delivery.

Description of Program Design and Delivery

The principles of positive youth development are the cornerstone of the department's Chafee program. The program strives to be intentional in engaging foster youth in a manner that builds upon their strengths and promotes positive outcomes by providing opportunities to build skills and foster healthy relationships. The program mandates that all children, ages 14 and above, in OOHC receive transitional services, regardless of permanency goal and have regular, ongoing opportunities to participate in age or developmentally appropriate activities that foster a sense of normalcy. Additionally, the program identifies children likely to remain in OOHC until age 18 and assists them in making the transition to adulthood 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 including Chafee program personnel, foster parents, and provider personnel.

For youth ages 18 to 23, the department contracts with service providers for 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 regarding finances, housing, counseling, employment, education, and job training. The supports and services provided through the Chafee program directly align with the department's mission to reduce poverty and to advance person and family self-sufficiency, recovery, and resiliency.

Kentucky's state administered system provides Chafee services and supports to all eligible foster youth throughout the Commonwealth. Transition age foster youth in all nine service regions are eligible for the same Chafee services and supports. However, utilization of the services may vary per county due to variables such as availability of public transportation, childcare, employment opportunities, internet access and affordable housing options.

The department contracts with Murray State University to support Kentucky's Youth Leadership Council, the Voices of The Commonwealth (VOC). On July 1, 2024, this contract will move to Western Kentucky University (WKU). The council is comprised of up to 25 young adults between the ages of 16-23 who have foster care experience and/or have transitioned out of Kentucky's foster care system. Council members are hired as part-time employees of the university and are reimbursed for mileage and food while working. Hotel accommodations are also provided for overnight travel. VOC members are provided ongoing professional development support in strategic sharing, team work, advocacy, understanding the legislative process, etc. VOC members can also attend out-of-state professional development conferences.

The department works closely with VOC in the development of the Chafee service array. The Chafee program administrator attends the VOC's bi-monthly board meetings to share information and receive feedback from the foster youth perspective and to collaborate on the development of new programs, services, policies, and practices. Additionally, foster youth are represented on department workgroups. The department is intentional in engaging and involving the VOC as equal partners in the

transformational work occurring in Kentucky. The youth can provide feedback, insight, and suggestions as members of the groups. In addition, the VOC are invited to co-facilitate CQI meetings for current foster youth across the state. The VOC facilitates a CQI session at the annual youth empowerment conference.

The department partners with Aetna Better Health of Kentucky Supporting Kentucky Youth (SKY) to better understand and receive feedback from young people on their experience and ways DCBS can do a better job of serving youth and meeting their needs. Aetna Better Health of Kentucky currently hosts quarterly member and LGBTQIA+ advisory councils for youth ages 16 and older. The goals of the councils are to discuss unmet needs, identify barriers, measure progress in Kentucky, and to create solutions. These councils gather different perspectives from the participants about the ideal model of care and practices. Each group provides input on what is working, what barriers they are experiencing, and their general feedback/insight is on overall needs. Aetna Better Health of Kentucky SKY also facilitates peer-to-peer roundtables. These youth focus groups assist and support the development of the system of care.

The SKY inquiry coordinator collects council and roundtable comments and feedback, and the SKY quality team works to categorize the feedback and determine next steps. Action items are established, and outcomes are tracked.

In addition, Aetna Better Health of Kentucky is leading a new intellectual and developmental disability (IDD) workgroup that includes participants from DBHDID, The Office of Autism, DMS, the Office for Children with Special Health Care Needs (OCSHCN), DCBS, the Human Development Institute (HDI), and the Office of Vocational Rehabilitation (OVR). A parent representative with lived experience has been identified to be part of this workgroup, which is convening to specifically address youth in OOHC with IDD as there is a growing need for non-traditional placements. As a result, these youth are going out-of-state for care and having long lengths of stay in residential programs without clear discharge plans.

Aetna Better Health of Kentucky is doing some work around teens who are parenting and has started a new family planning training series for youth.

The Transitional Services Branch will be conducting master classes for young people in OOHC for LGBTQIA+ youth and pregnant or parenting youth/young adults. Masterclasses are also available to youth with disabilities. TWIST has data fields to identify LGBTQIA+ population. This information will be important in assessing to determine youth orientation.

In the next five years, the department will expand partnerships with other states who have obtained data in these areas to inspire practice guidance to better serve these populations.

National Youth in Transition Database

Every year the department creates a snapshot of the services and surveys captured from the NYTD reporting period. The NYTD program coordinator for Kentucky shares this information with the ILS in the regions. The ILS in the regions have the information readily available to share at regional staff meetings and foster parent trainings. The [KYRISE](#) mobile app will be another outlet for Kentucky to share NYTD

data with youth, social workers, PCC agencies, foster parents, court systems, etc. Kentucky will add a NYTD tab to the app and staff will be able to add and utilize information as needed. Additionally, Kentucky has provided information about NYTD through trainings to PCC/PCPs and department staff in all nine service regions. In the future, Kentucky will submit a proposal to develop a web-based training for department and PCC staff to provide NYTD training to new staff.

The department recognizes the use of NYTD data and other available data to improve service delivery as a growth opportunity. In the next five years, Kentucky plans to use data in consultation with youth to improve service delivery and measure the impact of the Chafee service array by completing the following tasks: 1) Partner with the Youth Leadership Council, regional CQI youth groups, and other youth with lived experience to receive regular feedback regarding service delivery; 2) Continue to distribute an exit survey for all youth aging out of foster care to track key measurement points and receive qualitative feedback on Chafee services and programs; 3) Continue to obtain monthly reports from contract providers on the number of youth who complete the LYFT independent living curriculum; 4) Implement a pre- and post-survey for all youth placed in independent living programs to track key measurement points; 5) Implement a pre- and post-survey for all youth receiving Chafee room and board services to track key measurement points; 6) Utilize NYTD to track the number of youth who complete independent living milestones; 7) Utilize NYTD to track the number of youth who utilize Chafee benefits such as driver's education assistance, assistance with car insurance, educational assistance, and Youth Development Funds; 8) Continue to partner with UK to track outcomes of Fostering Success participants; 9) Continue to partner with the Kentucky Community and Technical College System (KCTCS) to track outcomes of Earn and Learn participants; 10) Continue to receive annual reports detailing outcomes for youth who utilize room and board, aftercare, and case management services; 11) Obtain annual reports detailing the services provided by the contract with WKU, including Voices of the Commonwealth, the annual youth empowerment conference, regional KY RISE events, and regional educational events; 12) Develop quarterly NYTD snapshots of independent living services provided; 12) Collaborate with the Kentucky Center of Statistics (KYSTATS) to receive annual reports outlining key outcome markers for adults who aged out of the foster care system; and 13) Implement quarterly data review meetings with the Transitional Services Branch.

To strengthen the collection of data through NYTD over the next five years, the NYTD program coordinator will utilize a checklist of services for PCC/PCP staff to complete, to include documentation around how services are provided to youth. In addition, PCC/PCP staff will be asked to enter services, at a minimum, one time a month into the NYTD portal to improve the fidelity of the data and provide a more accurate reflection of what services the youth are receiving each reporting period. The department has presented this to PCC/PCPs as a way for the agencies to highlight their services. The department envisions implementing an internal audit process for both the department and PCC/PCPs to ensure quality data is entered into the system.

Kentucky will explore the utilization of gov.delivery as a tool to help engage youth to participate in NYTD. This tool can assist with sending birthday emails, surveys, event information, resources, etc. to youth. The NYTD program coordinator will work closely with information technology (IT) staff to continue to enhance the NYTD database to track important data such as youth transition plans, youth development funds, driver's license, auto insurance, and aftercare services. Continuing to add features

to the NYTD system allows opportunity for continued evaluation of services provided to youth in Kentucky and a mechanism to improve services in the future.

The state plans to ensure future compliance with NYTD requirements through the following: 1) Strengthening efforts to promote relational permanency for youth aging out of foster care and collecting the contact information for these supportive adults. Youth being connected to supportive adults will aid in efforts to locate them in the future to complete the NYTD survey; 2) Supporting transition age youth in creating an email address as part of independent living training process. This will aid in efforts to locate youth in the future to complete the NYTD survey; 3) Establishing regular communication with transition age foster youth through the gov.delivery system. This will assist the department in keeping youth informed about available resources and benefits and aid in efforts to locate them in the future to complete the NYTD survey; 4) Strengthen and expand use of technology and social media in communicating with transition age foster youth; 5) Providing regular updates for youth and their supporters regarding NYTD through the KYRISE mobile app; 6) Provide ongoing training and technical assistance to providers entering services into the database to improve the integrity of the entered data; 7) Exploring the use of a survey firm or other entity to administer NYTD surveys; and 8) Establishing a process for following up with youth who express a need for additional support on the NYTD Survey.

Executive Order 14075, Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals

The Chafee plan for the next five years includes strategies to eliminate disparities in the child welfare system experienced by LGBTQIA+ youth and improve their outcomes, including partnering with the Aetna Better Health of Kentucky to provide training and technical support for caregivers and providers on promising practices to support LGBTQIA+ youth in foster care. As a part of this collaboration, Aetna Better Health of Kentucky will provide a toolkit for caregivers and providers that will seek funding opportunities for programs and services that improve outcomes for LGBTQIA+ children in the child welfare system; develop sample policies for supporting LGBTQIA+ children, parents, and caregivers in the child welfare system; and promote equity and inclusion for LGBTQIA+ foster and adoptive parents in their interactions with the child welfare system. A mobile app and website will be used to provide resources for youth and foster parents to support LGBTQIA+. Through Chafee funding, to support current former foster youth, the department will purchase items to support expression of gender identity. Additionally, the department will work toward the development and implementation of trauma-informed policy to support LGBTQIA+ youth. Partnering with the Trevor Project, the department will facilitate an ALLY training for providers, caregivers, and professionals. Aetna Better Health of Kentucky will facilitate Journey to Independence meetings for youth beginning at age 14 to support identified youth; Peer to peer councils for ages 16 and over in OOHC; and member advisory council up to 26.

Transition Planning Processes

The ILS facilitate the youth's initial transition planning meeting at age 17, another one within 90 days prior to the youth attaining age 18, and then annually for youth on extended commitment ages 19, 20, and 21. During the transition planning meeting, 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 should be held independently of the 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 ILS 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.

Youth 17 and older are eligible for Lifeset services through Youth Villages. Lifeset provides youth with one-on-one intensive support to achieve their goals.

The department will continue to partner with the contracted MCO, Aetna Better Health of Kentucky, through the SKY program to provide more robust and developmentally appropriate transition planning processes, services, and supports.

Over the next five years, for youth ages 12 to 15, Aetna Better Health of Kentucky will support SKY youth in developing independent living soft skills, such as problem solving, anger management, and decision-making. Aetna Better Health of Kentucky will also support youth in working on basic daily living skills such as cooking, household responsibilities, doing laundry, and money management. Aetna Better Health of Kentucky care coordinators will educate youth and their circle of support on how to access these resources for skill development through community-based nutritional courses in slow cooking and diabetes management and Aetna Better Health of Kentucky's Getting on T.R.A.C.K (Transition Ready Assistance & Core Knowledge) program.

Aetna Better Health of Kentucky has a developed formal skills training classes via the Getting on T.R.A.C.K program. This health literacy program is designed specifically for young adults. The Aetna Better Health of Kentucky team partners with and supports the endeavors of various organizations across the Commonwealth that offer services to children in foster care. These organizations collaborate with Aetna Better Health of Kentucky to offer the courses and provide various components of the program. The curriculum is robust and can be customized to fit the needs of the specific youth. Youth will be engaged via their care coordinator and the courses will be held at community partner facilities throughout the Commonwealth.

Journey to Independence (JTI) meetings, are provided to transition age youth between the ages of 12 and 26, who are in Intensive or Complex Care management through SKY. This is a valuable time where Aetna Better Health of Kentucky case managers play a key role in collaborating with youth and their support systems on developing transition plans for their future. The goal is to collaborate with the youth, the youth's DCBS and/or DJJ worker, and other caring individuals in the youth's circle of support, to help build a sturdy foundation for a successful transition to adult life outside of foster care and juvenile justice. The intent is to begin early in supporting and engaging pre-adolescents in the development of soft skills that will form the foundations to independence and help them to understand the choices they have available to them as their formal transition plans are developed.

Beginning at age 14, Aetna Better Health of Kentucky care managers host JTI meetings once a year up to 45 days after the youth's 26th birthday. The meeting will occur during the normally scheduled

Interdisciplinary Care Team Meeting and/or Interval Assessment Meetings. During the JTI meetings, Aetna Better Care of Kentucky care managers work parallel to members in completing the initial Charting the Life Course Life Vision tool and assist in identifying family and permanent connections by completing the Charting the Life Course Mapping Roles (Reciprocal Roles) tool. JTI meeting agendas can include but are not limited to:

- Review of medications with member and screening for adherence
- Annual credit checks
- O*Net Interest Profiler (Career Interest inventory tool)
- Charting the Life Course Vision Tool review
- Mapping Relationships Tool (Reciprocal Tool)

Serving Youth Across the State

Kentucky has a new phone app, KYRISE, and a website KYRISE for the public, workers, and youth that lists all available services and resources. The app and website are kept up to date with resources, services, and events across the state. Kentucky has nine service regions, and each region has a minimum of one ILS. The ILS are knowledgeable on all Chafee programs available to young people in OOHC and young people who have aged out-of-care. They are available to social workers, community partners, and private childcare agencies to provide information about resources, services, events, etc. Kentucky also has several different social media accounts to ensure up to date information is posted about Chafee programs and services.

The following NYTD data in figures 8 through 11 demonstrates statewide variances in service provision.

Figure 8 Education and Employment Support

Percent Receiving Support: Education and Employment

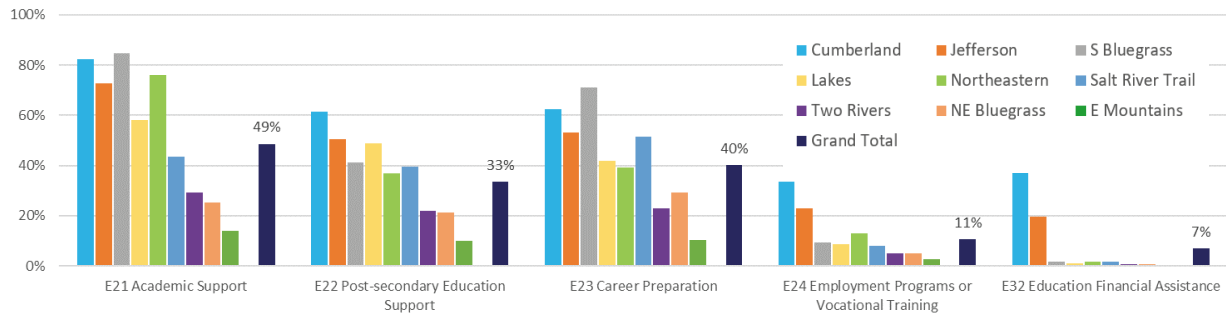


Figure 9 NYTD Data Independent Living Skills, Health, and Relationships

Percent Receiving Support: Independent Living Skills, Health and Relationships

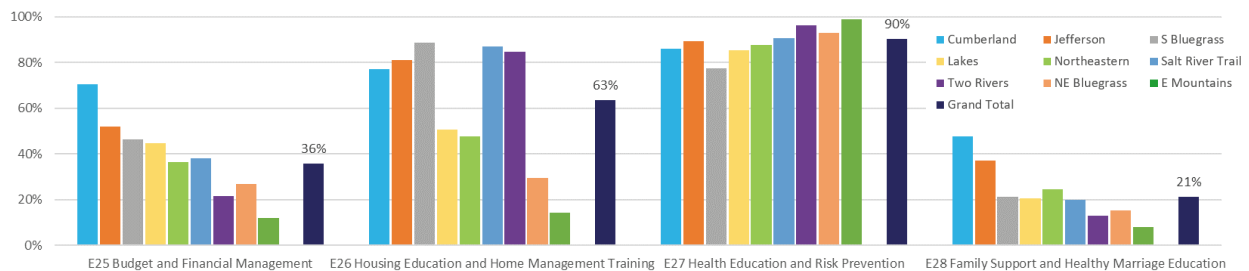


Figure 10 NYTD Data LYFT/Life Skills Reimagined

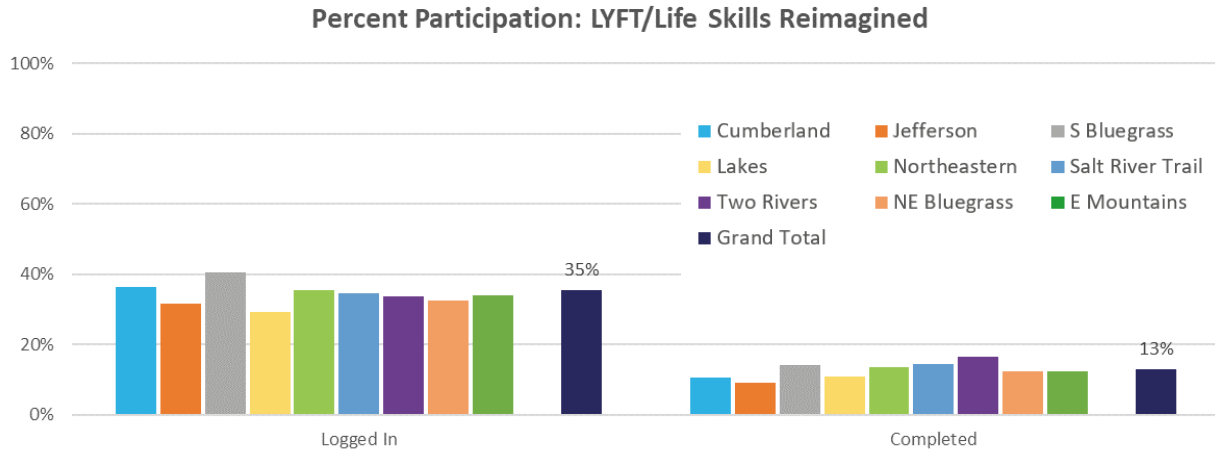
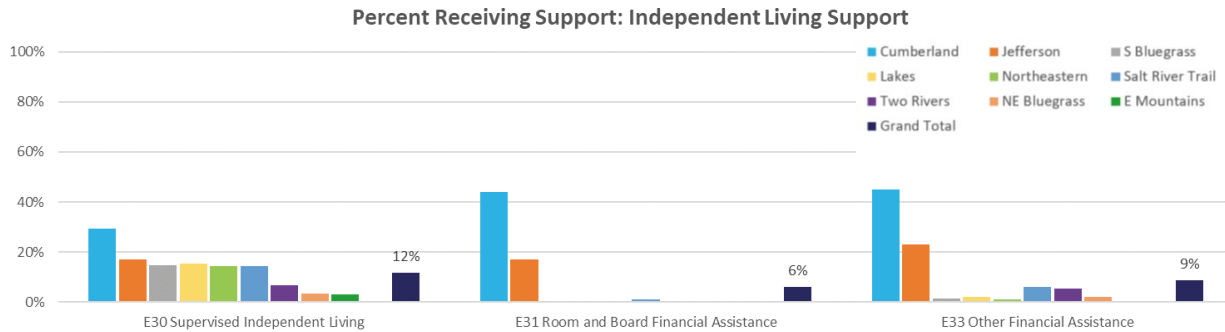


Figure 11 NYTD Data Independent Living Support



Serving Youth of Various Ages and Stages of Achieving Independence (section 477(b)(2)(C) of the Act)

The following outlines age-specific services 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 14 and older are eligible for Youth Development Funds to support their participation in extracurricular activities including recreational, enrichment, and school-related activities that are age and developmentally appropriate, and promote normal youth development of self-esteem, social, and independent living skills. Youth in this age range are also eligible to attend regional KYRISE and educational events.

Youth aged 16

Youth aged 16 and over are eligible for a \$300 e-Visa gift card for completion of the LYFT independent living curriculum. This curriculum includes instruction on resiliency, employment, communication skills,

personal finance, independent living, education, and health, including health care proxies and healthy relationships. The curriculum includes pre and post assessments to confirm the youth's comprehension of material covered in the curriculum. LYFT learning also provides monthly newsletters to private providers on resources and guidance/tools on various life skills. Each month focuses on a different life skill theme.

Youth aged 16 and older are also eligible for Youth Development Funds to support their completion of a driver's education program. Youth are also eligible for reimbursement of the cost of car insurance and the deductible in the event of an accident in their caregiver's vehicle.

Youth aged 16 and older are eligible to attend the annual Youth Empowerment Conference. The overnight conference features national speakers, engaging workshops, and opportunities for youth to build positive connections with their peers and caring adults.

Youth aged 17

The ILS facilitate the youth's initial transition planning meeting at age 17, another one within 90 days prior to the youth attaining age 18, and then annually for youth on extended commitment ages 19, 20, and 21. During the transition planning meeting, 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 should be held independently of the 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 ILS 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.

Youth 17 and older are eligible for Lifeset services through Youth Villages. Lifeset provides youth one-on-one intensive support to achieve their goals.

High school students 17 and older who are on track to graduate are eligible assistance with senior expenses. Youth 17 and older are also eligible for additional Youth Development Funds for needs such as transportation, employment attire, college preparation resources, educational expenses, genetic testing kits, and moving expenses.

Youth aged 18 to 21 who remain committed to the department

Youth have until their 20th birthday to request to reinstate their commitment with the department to receive transitional living support. Guidelines established to ensure success during extended commitment include:

- Eligibility. Minimal expectations to remain in care past the youth's 18th birthday include:
 - Working full-time (at least 30 hours per week); or
 - Attending school full-time; or
 - Working part-time and attending school part-time; or

- Having a documented disability that precludes the youth from meeting the work or school requirement. Such youth should be receiving support in making independent living arrangements; or
 - The youth's transitional living agreement to either work and/or attend school should be customized to the youth's individual circumstances, capabilities, and goals.
- Documentation. Youth receiving transitional living support will be expected to maintain required documentation (pay stubs, school schedules etc.). Program staff will withhold the monthly stipend until youth provide the required documentation (excluding \$70).
- Probation Contract. Youth who do not meet the minimal requirements for transitional living support will be placed on a probation contract.
- Program Rent. Program staff will implement a mandatory savings program for youth, deducting the following amount each month from their stipend. Program staff will provide a monthly ledger to the youth with savings balance.
 - 18-year-olds: \$50
 - 19-year-olds: \$75
 - 20-year-olds: \$100
- Milestones and incentives. Youth will receive support in working toward identified milestones. Milestones are designed to ensure youth develop the necessary skills to live independently.
 - An emphasis will be placed on encouraging youth to complete short-term trade/vocational and apprenticeship programs.
 - Youth who complete milestones will receive an incentive from the department at their annual transitional planning meeting.
 - Youth in foster homes will also be encouraged to work toward their milestones and will be eligible for the incentive. They will also be encouraged to save a portion of their earnings (from work or school) each month.
- Transition planning. ILS will facilitate transitional planning meetings with committed youth at 19, 20, and prior to exiting at 21.
- Exit Survey. Youth will complete an exit survey prior to leaving care.
- Damages. Program staff will conduct a move in and move out walk through of the unit with the youth. Program staff may recoup the cost of damages to the unit from the youth's savings, up to \$500.

In 2022, Kentucky implemented additional supports for youth on extended commitment who reside in college dorm settings. These students will be placed with a contracted independent living program, who will:

- Provide the youth a \$500 monthly stipend.
- Provide supplemental items needed for the dorm room such as small fridge, linens, television, etc.
- Support youth in completing financial aid, registration, dropping/adding classes, etc.
- Pay any outstanding school balances, after financial aid is applied, up to \$2,000.
- Connect youth to available campus supports.
- Provide ongoing case management and therapeutic services, as needed.
- Ensure the youth has safe, temporary housing during breaks and holidays.
- Ensure youth has transportation to and from campus for breaks and holidays.

- Continue tiered savings program.
- Provide GPA tiered incentive per semester up to \$1,000.

Youth on extended commitment are also eligible for participation in the Fostering Success and Earn and Learn Programs.

The department recognizes the need to 1) increase utilization of data to inform independent living services for transition age foster youth; 2) increase utilization of independent living services by eligible youth; 3) improve the quality and consistency of services provided to youth on extended commitment; and 4) improve outcomes of youth aging out of foster care. The department will work toward these goals over the next five years by 1) Facilitating bi-monthly coalition meetings between the Transitional Services Branch and independent living programs; 2) Performing case review audits on one extended foster youth per month; 3) Implementing quarterly data review meetings; 4) Facilitating annual PCC summits; 5) Facilitating annual LYFT trainings for foster parents and staff; 6) Developing an independent living workgroup comprised of social workers, ILS, youth, and PCC staff; and 7) Expanding the use of the KYRISE app and other media sources to disseminate information about available resources and services for transition age foster youth.

Youth aged 18 to 23 who left care at 18 or older

Youth between the ages of 18 to 23 who left care at 18 or older are eligible for the tuition waiver for foster and adopted children, aftercare services, the Education Training Voucher, Lifeset services through Youth Villages, the Fostering Success and Earn and Learn programs, and assistance with room and board.

Aftercare Services

Youth who leave foster care between ages 18-23 are eligible for aftercare services through a contract with Community Action Kentucky utilizing Chafee funds. The contract provides financial assistance and crisis funds for such needs as transportation, education, medical expenses, driver's education, and room and board.

RISE Funds

The department contracts with Community Action Kentucky using State General Funds to provide concrete goods and services to eligible former foster youth, including those:

- Between the ages of 23 – 25 who aged out of foster at 18 or older.
- Between the ages of 18 – 25 who were adopted at 16 or older.
- Between the ages of 18 – 25 who exited foster between 16 – 17 years old.

Services includes funding for food, room and board, transportation, education related expenses, and furniture.

Room and Board

Kentucky uses the entire 30% of Chafee program funds allowed to provide room and board housing vouchers to youth ages 18.5 to 23 who aged out-of-care. The department contracts with Community Action Kentucky to provide case management and housing vouchers to eligible youth for up to 12 months. Community Action Kentucky provides room and board assistance via a 12-month, quarterly

assistance format where they assist with 100%, 80%, 60%, then 40% of the youth's monthly rent. The participants include former foster care children, between the ages of 18.5 to 22, who aged out of foster care on their 18th birthday and are homeless or at risk of homelessness. The participants can access funds for establishing a household, to cover purchases including furnishings, linens, cleaning supplies, food, bus passes, etc. Participants can also earn incentives for the completion of program goals such as obtaining employment or completing an educational program. Community Action Kentucky administers a savings program whereby participants who pay their portion of their rent on time each month can earn up to \$2,250 at the end of the 12 months.

[Medicaid coverage for former foster youth ages 18 to 26](#)

Kentucky participates in 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 are encouraged to do so with their ILS to streamline and expedite the process. Former foster youth are eligible for coverage regardless of the state foster care system they aged out of. Kentucky contracts with Aetna Better Health of Kentucky for current and foster youth who have aged out.

Additional Services

[Aetna Better Health of Kentucky SKY Program](#)

In addition to medical coverage, Aetna Better Health of Kentucky provides eligible youth added value benefits through SKY. Eligible youth include children:

- In foster care, adopted from foster, or formerly in foster care;
- Placed with fictive kin;
- Dually committed to DCBS and DJJ; and
- Placed with DJJ and eligible for Medicaid.

SKY added value benefits are intended to improve the health and well-being of members and provide support as they transition out of the child welfare system. The additional supports include:

- Funding for tattoo removal, moving expenses, and driver's license fees.
- Birthday in box.
- Foster youth duffle bag program .
- LACES (Language, Access, Empowerment, and Support) program.
- Free gym membership.
- Calming Comfort Collection .
- Connections For Life Program, providing either a smart phone or laptop to foster youth.
- Enhanced transportation services, providing up to 10 round trips to activities such as job interviews, grocery store shopping, accessing community health centers, etc.
- Case management and the additional support of nurses and social workers for high acuity youth.
- Trainings for foster parents, foster youth, and stakeholders.

Over the next five years, the department will collaborate with Aetna Better Health of Kentucky to continue providing added value benefits and trainings that improve the well-being and health of foster youth and support them as they prepare to transition out of foster care. The department will work with Aetna Better Health of Kentucky to ensure these benefits are data informed and non-duplicative.

In addition to the previously mentioned services, youth are eligible to participate in the Fostering Success program. Fostering Success is a 10-week workforce development initiative sponsored by the department 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 a combination of Chafee funds and the state's TANF block grant.

Youth eligible for the program are those between the ages of 18 and 23 who have obtained a high school diploma. The regional ILS collaborates with the local child protective services workers, private agencies, and other community partners to recruit participants. Applicants complete an interview and screening process that includes a drug screen and background check. Youth are matched with worksite providers based upon their interests and skill set. The department contracts with UK to employ a program coordinator who recruits community businesses to act as worksite providers. The department also contracts with UK to employ job coaches who provide one-on-one guidance and career planning support to participants. The department contracts with Adecco to act as the payroll administrator for Fostering Success participants.

Current and former foster youth between the ages of 18 – 23 are also eligible to participate in the Earn and Learn program. Earn and Learn was launched in 2020 to support transition foster youth in the attainment of career and technical certifications or their GED. Participants are matched with an advisor who supports them in selecting a technical program that matches their skill set and career goals. Programs must be in a high demand sector and able to be completed within a year or less. Participants receive weekly wages as they complete their course work. Participants must attend class and maintain satisfactory progress to receive the weekly wages. Participants are also matched with a success coach who supports them in navigating barriers to success and career planning.

Youth From Other States Who Have Aged Out of Care

Kentucky ensures all federally funded Chafee services are available to youth who were formerly in foster care and move to Kentucky by contacting the former state the youth aged out of care in to verify the youth's eligibility. Once eligibility is verified, the ILS assists the youth with services Kentucky provides to youth who aged out of foster care. All services available to youth who have aged out of foster care are listed on the KYRISE app and the KYRISE website. In addition, there is a listing of the Transitional Services Branch staff and contact information for youth, community partners, foster parents, staff, etc. to reach out to and inquire about resources and services.

Collaboration with Other Private and Public Agencies (section 477(b)(2)(D) of the Act)

In addition to the various entities described through section, including collaboration with SKY, Kentucky's Medicaid MCO partnership that provides coverage for youth in care, the department maintains a relationship with many community-based and private organizations that provide services to youth. The Chafee program maintains relationships and collaborates with community partners, PCC/PCP agencies, and secondary and post-secondary educational institutions through regional meetings, board representations, grant writing, trainings, and various other avenues of communication.

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 and will continue to establish new partnerships to combat homelessness in youth exiting care that will continue throughout this CFSP.

Those include:

- **Louisville Housing Authority** to offer Family Unification Program (FUP) housing vouchers to former foster youth between the ages of 18 -24 years old and eligible families.
- **Lexington Housing Authority** to offer FYI (Foster Youth Initiative) 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.
- **Kentucky Housing Corporation** to provide 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. Kentucky also partners with the Kentucky Housing Corporation to connect eligible youth to Mainstream, which provides permanent housing choice vouchers to non-elderly individuals with disabilities.
- **WKU**, effective July 1, 2024, to provide professional development opportunities to transition-age youth; plan and develop 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 attitude, 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 KPFC. Homelessness is an area of focus based on statistics and the realities of foster youth who age 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 in escaping the cycle of poverty, avoiding homelessness, and achieving housing stability.
- Kentucky has a staff of **12 regional ILS** to work directly with youth in their designated counties. Their greatest job responsibilities include facilitating 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 they leave care. This provides the youth an opportunity to plan for their future and to work with ILS to discuss available options and resources such as public housing and community resources in their area.
- **Transition Age Youth Launching Realized Dreams (TAYLRD)**, 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 aims to provide young people in the state of Kentucky access to 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. TAYLRD staff works with the young people on securing housing and employment.

- **Community Action Kentucky** to provide housing and support services to youth who have aged out of care at age 18 or older. Community Action Kentucky provides Chafee Room and Board services to young adults between the ages of 18-23 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 Community Action Kentucky to provide extended services to youth between the ages of 18-23 who aged out of care. Extended services include funding to assist youth who are experiencing a crisis which puts them at risk for experiencing homelessness. Community Action Kentucky helps across Kentucky to include rental assistance in the Lexington and surrounding counties. Community Action Kentucky also collaborates with the Louisville Metro Government Homeless Prevention Program and Neighborhood Places.
- **Operation Care in Shelby County**, a non-profit organization, to provide housing for female youth who are aging out of care and looking for another option other than recommitment. Limited space is available; however, the program has served nine counties in the Salt River Trail region.
- **The Homeless Prevention Project**, which operates in two areas of the state: Louisville and the Lake Cumberland region, to 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.
- **A collaborative initiative** of various community partners and systems that work directly with transition age youth, to decrease the possibility of homelessness, incarceration, hospitalization, or other out-of-home placement and high school dropout rates for Kentucky's youth.
- **True Up**, an initiative to empower young people transitioning from OOHC to become self-sufficient, to connect foster youth with 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 population in Louisville.
- Services specific to Jefferson County (Louisville) include:
 - **YMCA Safe Place and YMCA's Street Outreach Program** (a runaway and homeless youth program) to 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.
 - **Partnership for Families**, a partnership between the department and Metro Housing, to provide parents with open child protection cases with Section 8 vouchers. This allows parenting youth to leave care with permanent housing.
 - **The Scholar House**, which provides Section 8 vouchers and case management.
 - **The Center for Accessible Living's Mainstream Program**, a special Section 8 waiting list for those receiving Supplemental Security Income (SSI).

Determining Eligibility for Benefits and Services (section 477(b)(2)(E) of the Act)

The department strives to maintain objectivity when determining a youth's eligibility for services under Chafee. To determine eligibility, department staff use information from CCWIS, and follow all state and federally mandated requirements. The objective measures Kentucky uses include the age of a young person and commitment status. The department has developed a flyer (figures 12 through 15 below) available on the KYRISE app that outlines each service available and the eligibility requirements for each service.

Figure 12



Benefits for Youth in State's Care (Committed)

Type of Benefit	Eligibility	How it Helps	Application Process	Contact
Car Insurance	DCBS youth 16 – 19 years old (19 th birthday). - Driver's License.	-Reimburse caregiver for cost of adding youth to policy. -Reimburse youth for individual policy.	-PCC/FP should submit receipts & policy to regional billing clerk (preferably quarterly).	Regional ILS
Earn and Learn	DCBS Youth between 18 – 21 years old.	- Paid weekly wages to pursue GED or vocational/trade credential. - Assistance with educational costs not covered by financial aid. - Up to \$500 in incentives.	Applications accepted annually in early spring.	Regional ILS
Fostering Success	DCBS Youth between 18 - 21 with H.S. Diploma or GED.	- Paid 10-week internship. - Professional development and career planning support.	Applications accepted annually in early spring.	Regional ILS
Free Cellphone	DCBS youth 13 – 17 years old (certain placements excluded).	- Free Smart Phone - Unlimited Talk and Text on T-Mobile Network.	Youth should contact their Aetna SKY Case Manager to apply. DCBS Social Worker approval Required.	Aetna 1-855-300-5528
Free Laptop	DCBS youth 18 – 21 years old.	Free Laptop.	Youth should contact their SKY Case Manager to apply.	SKY Case Manager
Free YMCA Membership	DCBS youth 18 – 21 years old	Annual YMCA Membership for youth and their family	Youth should contact their SKY Case Manager to apply.	SKY Case Manager
Healthcare Benefits	Youth who are in care on 18th birthday.	Youth are eligible to maintain Medicaid until 26 years old.	Youth leaving state's care on or after their 18th birthday need to complete a health care application and submit to CHFSdfscps@ky.gov	Regional ILS
Housing	DCBS youth between 18 - 21 years old.	- Options include foster home, supervised independent living, scattered site apartment program or college campus.	Will be expected to meet with case manager, follow program guidelines, seek employment,	Social Worker

Figure 13

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		Scattered Site: At least 18 with a High School Diploma; LYFT curriculum completed; Stable/Mature. -Enrolled in full-time educational program, working full-time or both part-time.	18 and/or participate in educational program.	
KCTCS Virtual Advisors	DCBS Youth between 18 - 21.	Assistance with career exploration, registration, financial aid, etc.	jahnai.brown@kctcs.edu	Regional ILS
LifeSet	-DCBS Youth 17- 21 residing in the LifeSet Service Area, including Louisville, Lexington, Bowling Green, Paducah and surrounding counties/areas (within 60 miles).	'Youth Villages' LifeSet program puts youth in the driver's seat to achieve their goals. Through one-on-one support from a Specialist, youth are empowered and equipped with the tools to be successful and achieve the goals that are important to them.	Referral submitted by ILS.	Regional ILS
LYFT IL Skills Curriculum	Committed youth 16 - 21 years old.	Online Independent Living Skills curriculum covering: Getting and Keeping a Job, Communication Skills, Independent Living, Personal Finance and Resiliency. Youth receive a \$250 e-gift card for completion.	Kyrise.ky.gov	Regional ILS
Senior Expenses	DCBS youth who are seniors in high school and on target to graduate	Up to \$650 dollars reimbursement for senior related expenses	Reimbursement to caregiver	Regional ILS
Tuition Waiver	- DCBS Youth who are in foster care on 18th birthday w/ H.S. diploma or GED. - Must begin program within 4 years of receiving H.S. Diploma or GED.	Waives the cost of tuition & mandatory fees at any KY public college or university. Good for up to 150 earned credits or until the student is 28 years old (for undergraduate & grad programs).	Tuition Waiver Form completed by youth & submitted to school's bursar or financial aid office.	Regional ILS
Youth Development Funds	DCBS youth between 14-21 years old.	Funds to help w/ extracurricular and enrichment activities including: > Sports, clubs, etc. > Driver's Education > Transportation > Employment > College Preparation > Genetic Testing > Storage/Moving > Education and > Second Chance Scholarship	Youth Development Request Form along with itemized receipt or invoice.	Regional ILS

*Youth adopted as an adult remain eligible for extended commitment and all other benefits.

Figure 14

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Benefits for Aged-Out Youth

Type of Benefit	Eligibility	How it Helps	Application Process	Contact
After Care Services	<ul style="list-style-type: none"> - Ages 18 - 22 years old. - Youth who were in care on 18th birthday. <p>Note: Cannot be used if in Project Life.</p>	Funds to help with education, employment, housing, emergencies, transportation, medical expenses and Second Chance Scholarship.	After Care Services Application.	Regional ILS
Earn and Learn	<ul style="list-style-type: none"> - Ages 18 - 22 years old. - Was in DCBS custody on or after 18th birthday. - Was adopted from foster care at 18 or older. 	<ul style="list-style-type: none"> - Paid weekly wages to pursue GED or vocational/technical credential. - Supplemental funds to cover cost of books and supplies. - Career planning support. 	Applications accepted twice a year in the spring and fall.	Regional ILS
Education Training Voucher (ETV)	<ul style="list-style-type: none"> - Ages 18 - 25 - DCBS youth who left care on or after 18th birthday-OR-Adopted on/after 18th birthday. - Enrolled in college/university or job Training program. - Maintain 2.0 GPA or making progress in program. 	<ul style="list-style-type: none"> - \$5,000 yearly maximum (Up to 5 Years or age 28). <p>Note: Cannot be received while in Project Life.</p>	Complete Education Training Voucher application packet.	Regional ILS
Fostering Success	<ul style="list-style-type: none"> - Ages 18 - 22 years old. - DCBS youth who left care on or after 18th birthday-OR-Adopted on/after 18th birthday. 	<ul style="list-style-type: none"> - Paid internship. - Professional development and career planning support. 	Applications accepted annually in early spring.	Regional ILS
Free Laptop	<ul style="list-style-type: none"> - Ages 18 – 26 years old. - Aetna SKY Members. 	Free laptop.	Contact Aetna SKY Case Manager.	Aetna 1-855-300-

Figure 15

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Healthcare Benefits	<ul style="list-style-type: none"> - Ages 18 - 26 years old. - Must have been in foster care on 18th birthday. - No min/max income requirement. 	Provides Medicaid health, dental and vision insurance.	<ul style="list-style-type: none"> - Must notify local Medicaid office of changes to address. - Must recertify annually to keep coverage. - For youth who have lost coverage, send name, DOB and mailing address to regional ILS 	Contact Regional ILS with any issues.
Housing	<p>Project Life: (statewide)</p> <ul style="list-style-type: none"> - Ages 18.5 - 22 years old. - Must have been in foster care on 18th birthday. - Need Based. - Must be employed. <p>FUP/FYI: (statewide)</p> <ul style="list-style-type: none"> - Ages 18 - 24 years old. - Must have been in DCBS custody within 90 days of turning 18 years old. - Must be homeless or at risk of homelessness. <p>Mainstream: (87 counties)</p> <ul style="list-style-type: none"> - Homeless or at risk of homelessness. - Diagnosed disability. 	<ul style="list-style-type: none"> - Project Life: 12 months of rental and utility assistance & case management; employment incentive. - FUP/FYI: 36 – 60 months of income based rental assistance. - Mainstream: Permanent income based housing. 	Contact Regional ILS.	Regional ILS
KCTCS Virtual Advisors	<ul style="list-style-type: none"> - Was in DCBS custody on or after 18th birthday (up to 23 years old). 	Assistance with career exploration, registration, financial aid, etc.	John.H.Brown@kctcs.edu	Regional ILS
LifeSet	<ul style="list-style-type: none"> - Ages 18 – 22 years old. - Exited DCBS commitment at or after age 18. - Reunified, adopted, or placed in permanent relative custody after age 16. - Recently exited or waitlisted for Project Life in any LifeSet service area. - Residing in the LifeSet Service Area, including Louisville, Lexington, Bowling Green, Paducah, and surrounding counties/areas (within 60 miles). 	Youth Villages' LifeSet program puts youth in the driver's seat to achieve their goals. Through one-on-one support from a Specialist, youth are empowered and equipped with the tools to be successful and achieve the goals that are important to them.	Referral submitted by ILS.	Regional ILS
RISE Funds	<ul style="list-style-type: none"> - 23 – 25 years old (Aged out of Foster Care). 	- Crisis hardship funds to assist with:	RISE Funds Application.	Regional ILS

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	<ul style="list-style-type: none"> - 18 – 25 years old (Adopted at 16 or older). - 18 – 25 years old (exited foster care between 16 – 17 years old). 	<ul style="list-style-type: none"> - Housing Assistance - Housing Supplies - Transportation Assistance - Education Assistance 		
YMCA Family Membership	<ul style="list-style-type: none"> - 18 – 26 years old. - Aetna SKY Members. 	Family YMCA Membership.	Contact Aetna SKY Case Manager.	Aetna SKY Case Manager

Cooperation in National Evaluations (section 477(b)(2)(F) of the Act)

Kentucky will cooperate in any federal national evaluations of the effects of the programs in achieving the purposes of Chafee.

Education and Training Vouchers (ETV) Program (section 477(i) of the Act)

Youth eligible for the ETV program 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. 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. Payments are capped at \$5,000 per year. A budget, along with application is completed and submitted to central office for approval. Verification of a student's enrollment occurs through the student's official transcript. Youth are eligible to receive the benefit for a maximum of five years or until their 26th birthday, whichever comes first. An amendment was made to [922 KAR 1:500](#), removing the requirement for youth who are receiving ETV funds to complete the DPP-335 and to extend eligibility until 26, for a maximum of five years. This aligns with the verification changes and requirements of FFPSA.

Kentucky ensures that the number of ETV awards reported are an unduplicated count by maintaining a spreadsheet of all participants and payments. Payments are requested, tracked, and processed through KITS for payment.

Kentucky partners with consulting company, Civic Solution Group, to help maximize spending the ETV grant award to eligible youth. Kentucky wants to ensure the cost of attendance is being calculated correctly.

Youth aged 18 to 21 who extend their commitment with the department to receive transitional living support are eligible for education assistance to complete a vocational program not covered by the tuition waiver, or state or federal financial aid. Youth must fill out the Free Application for Federal Student Assistance (FAFSA), available online at <http://www.fafsa.ed.gov>. Education assistance is funded using Chafee funds.

Per [KRS 164.2841](#), the tuition waiver for foster and adopted children waives tuition and mandatory fees at any Kentucky public university, technical college, or community college. Youth are eligible for the waiver for up to 150 credits or until their 28th birthday, whichever comes first. The tuition waiver applies to both undergraduate and graduate courses.

Kentucky will measure accomplishments and progress toward strengthening postsecondary educational assistance program by utilizing multiple tracking tools that will provide data on the retention and completion rates of youth using services through the program. Kentucky continues to use NYTD to track enrollment and completion of postsecondary programs. Kentucky will continue to request the annual report mandated by [KRS 164.2847](#) requiring the Council on Postsecondary Education to report non-identifying data on graduation rates of students participating in the tuition waiver program. Kentucky will continue to request reporting from KCTCS on retention and graduation graduates for tuition waiver recipients. Kentucky will use data from the exit survey completed by youth exiting care, which includes questions regarding postsecondary enrollment and attainment. Kentucky will develop a new tracking tool to measure the retention and graduation rates of youth receiving ETVs.

Chafee Training

During FYs 2025 – 2029, training opportunities regarding the Chafee program will be available statewide and on an ongoing basis. Training on available independent living services will be routinely provided to foster/adoptive parents, department and PCC/PCP personnel, community partners, youth, and other stakeholders. Staff from the Transitional Services Branch and other agencies that collaborate to provide services to transition aged youth will provide these trainings.

The department will contract with WKU to employ an independent living training coordinator and media specialist. This position was specifically designed to be filled by someone with lived experience. The duties of the coordinator include developing independent living related trainings for foster parents and youth as well as developing media highlighting the experiences of youth in foster care system. Media examples include documentary style videos or series, podcasts, short video clips, digital images, or other media as requested. The web-based trainings for foster parents will focus on increasing their knowledge base and skill set in successfully meeting the unique needs of teens and preparing them to live independently. Trainings will be accessible on the JIT portal.

The department will contract with WKU to coordinate regional KYRISE and educational events. The events will be open to current foster youth 14 and older. The purpose of KYRISE events is to educate youth about available Chafee resources and services. The purpose of the educational events is to provide foster youth opportunities to build independent living skills and explore post-secondary educational opportunities. Events may include college tours, cooking classes, fitness classes, etc. The contract will also coordinate an annual youth empowerment conference which will include national speakers and engaging breakout sessions geared toward increasing youth independent living skills and knowledge base.

The department will facilitate annual trainings for foster parents and staff on supporting youth in completing the LYFT Independent Living Curriculum. The department will contract with LYFT Learning to provide an online independent living learning platform for transition age youth. The curriculum will be available to current foster youth 16 and over. The platform will include an independent living skills assessment and pre- and post-quizzes to measure comprehension. The curriculum includes instruction on resiliency, employment, communication skills, personal finance, independent living, education, health, including health care proxies and healthy relationships.

In addition to the LYFT Independent Living Curriculum, the department will provide current and former foster youth additional incentivized training opportunities through Adulting 101 masterclasses and the summer skills series. The department will collaborate with subject experts to facilitate the Adulting 101 masterclasses to increase youth skill and knowledge around pertinent life subjects such as how to purchase a home, vehicle maintenance, sexual health, family planning, civic engagement, etc. For the summer skills series, the department will collaborate with the Conover Company to provide web-based learning and assessment opportunities in subjects such as emotional intelligence, workplace readiness, stress management, etc.

Consultation with Tribes (section 477(b)(3)(G) of the Act)

There are no federally or state recognized tribes in Kentucky, therefore, there are not specific efforts made to coordinate Chafee services with tribes. Benefits and services under Chafee and the ETV program are, however, made available to Native American children on the same basis as other children in the state. The few youth of Native American or Alaskan descent in OOHC 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.

VI. Consultation and Coordination Between States and Tribes

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. Neither the Southern Cherokee Nation, nor the Ridgetop Shawnee have recognized tribal governments and do not participate in Kentucky's CFSP, APSR, or CFSR processes regarding the Indian Child Welfare Act (ICWA). The department has not had specific consultations with tribes.

Although there are not federally or state recognized Native American tribes in Kentucky, the department continues efforts to engage the two tribes with cohorts represented in the state. The department has invited tribal representatives to previous and upcoming CFSP Stakeholder CQI meetings. The Ridgetop Shawnee contact was discovered to be fraudulent as reported through media outlets. Additional contact attempts with Ridgetop Shawnee tribal members have been unsuccessful. The most recent email interaction with a Ridgetop Shawnee member indicated that they would attend the April 2022 Stakeholder CQI meeting, however, attendance could not be confirmed via the participant roster. There has been no additional contact from the tribe. Kentucky continues to reach out to the Ridgetop Shawnee and invite them to engage in partnership. The agency continues to invite the tribe to the CFSP Stakeholder CQI meetings and provides meeting notes through email. This is the only known method of contact for the tribe. The department continues to investigate other ways to contact the tribe through Google searches and Facebook.

The chief of the Southern Cherokee Nation has indicated to the department that the tribe is unable to participate due to funding issues. The department continues to provide meeting agendas, invites, and meeting minutes prior to and following each stakeholder meeting via email. The emails are not returned as undeliverable, leading to the assumption that the tribes have received the information. As meetings have been virtual since the onset of the COVID-19 pandemic, the department will continue to invite the tribal representatives to join online in hopes of removing any financial barriers associated with travel.

VIII. Targeted Plans with the 2020-2024 CFSP

Foster and Adoptive Parent Diligent Recruitment Plan

Please see Attachment 14 for Kentucky's 2025-2029 Foster and Adoptive Parent Diligent Recruitment Plan.

Health Care Oversight and Coordination Plan

Please see Attachment 15 for Kentucky's 2025-2029 Health Care Oversight and Coordination Plan.

Disaster Plan

Please see Attachment 16 for Kentucky's 2025-2029 Disaster Plan.

Training Plan

Please see Attachment 17 for Kentucky's 2025-2029 Training Plan.

IX. Financial Information

Kentucky's CFS-101 forms can be found in Attachment 10.

Payment Limitations

Title IV-B, Subpart 1

Table 31 outlines Kentucky's title IV-B, subpart I funds to be used for childcare, foster care maintenance payments, and adoption assistance payments during 2005. These numbers will be utilized for comparison purposes over the next five years.

Table 31

Title IV-B Subpart I Purpose:	Fiscal Year 2005 Actual Expenditures
Child Care	\$0.00
Foster Care Maintenance Payments	\$1,052,124.00
Adoption Assistance Payments	\$0.00

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.

Additional information regarding title IV-B, subpart 1 funds can be found in the CFS-101 located in Attachment 10.

Title IV-B, Subpart 2

As illustrated under Item 7 in the CFS-101, Part I, PSSF, or title IV-B, subpart II funds are divided among three of the primary service categories. Therefore, 20.5% of these funds are allocated to FPS, community-based family support services, and FRS. Another 24.5% is allocated for adoption promotion and support services. Four percent is retained for planning and service coordination and 10% is utilized for administration.

The state and local share spending for title IV-B subpart 2 programs for 2015, in comparison to the 1992 base year amount are as follows:

FFY 2022 state/local expenditures	\$ 3,327,599
1992 base year amount	\$ 8,153,548

Chafee Program

Kentucky uses the entire 30% of Chafee program funds allowed to provide room and board housing vouchers to youth ages 18.5 to 23 who aged out of care. The department contracts with Community Action Kentucky to provide case management and housing vouchers to eligible youth for up to 12 months. CAC provides room and board assistance via a 12-month, quarterly assistance format where they assist with 100%, 80%, 60%, then 40% of the youth's monthly rent. The participants include former foster care children, between the ages of 18.5 to 22, who aged out of foster care on their 18th birthday and are homeless or at risk of homelessness. The participants can access funds for establishing a household, to cover purchases including furnishings, linens, cleaning supplies, food, bus passes, etc. Participants can also earn incentives for the completion of program goals such as obtaining employment or completing an educational program. Community Action Kentucky administers a savings program whereby participants who pay their portion of their rent on time each month can earn up to \$2,250 at the end of the 12 months.

Reallotment of FY 2024 (Current Year) Funding

Kentucky respectfully requests reallotment of available funds as designated in Attachment 18 and through the narrative below.

Chafee Program Reallotment

Kentucky requests \$150,000 to continue providing Adulting 101 masterclasses. Kentucky provided virtual master classes during the COVID-19 pandemic and received positive feedback from young people and interest in continuing to provide this resource. If awarded additional Chafee dollars, the Transitional Services Branch will provide current and former foster youth additional incentivized training opportunities through Adulting 101 masterclasses. The Transitional Services Branch collaborates with subject experts to facilitate the Adulting 101 masterclasses to increase youth skill and knowledge around pertinent life subjects such as how to purchase a home, vehicle maintenance, sexual health, family planning, civic engagement, etc.

Kentucky requests \$150,000 to provide financial support to current and former foster youth who meet eligibility requirements to make down payments on vehicles for transportation to work towards meeting educational and employment goals. The youth would have to have their full license, be employed, have references, and show a financial need to qualify for the transportation program. Once eligible, youth would be required to participate in a financial literacy and safety driving program before being awarded the down payment for a vehicle. In addition there will be support for youth to find a reliable vehicle and insurance to fit their budget needs.

Kentucky requests \$150,000 to implement a program to assist youth in decorating their apartment. Everyone deserves to feel proud of where they live. A home should be a place to look forward to being

in to get away from the outside world. Therefore, the goal of this resource would be to help young people make their house into a home by allowing the youth to make a space that is uniquely theirs and expresses who they are and how they want to live their life. This resource will offer a personalized first apartment experience created for youth transitioning out of foster care. From stylish décor and kitchen essentials to a fully stocked pantry, bedding, towels, and even a junk drawer, the program will cater to the style and vibe of the young person. There will be an application process for youth who are meeting their educational and employment goals on extended commitment to be referred to the program.