Kentucky's Child and Family Services Review Program Improvement Plan

DEPARTMENT FOR COMMUNITY BASED SERVICES
DIVISION OF PROTECTION AND PERMANENCY

Contents

I.   Introduction

Kentucky's Cabinet for Health and Family Services (CHFS/cabinet), Department for Community Based Services (DCBS/department), Division of Protection and Permanency (DPP) presents the Child and Family Services Review (CFSR) Program Improvement Plan (PIP). Kentucky developed the PIP with assistance from and in collaboration with various entities, including but not limited to DPP; the Division of Service Regions (DSR); the Children's Bureau; the Capacity Building Center for States (the Center); the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID); The Children's Alliance; Prevent Child Abuse Kentucky; The Eastern Kentucky University (EKU) Training Branch, the Administrative Office of Courts (AOC), the faith-based community, and the Office of Legal Services (OLS). The goal of this PIP is to assist the department in improving safety, permanency, and well-being outcomes for families and children.

Following the receipt of Kentucky's CFSR final report for 2016, the aforementioned entities gathered in Frankfort, Kentucky to determine goal areas for Kentucky's PIP, which were identified as those critical areas needing improvement during the CFSR. Workgroups for each focus area were developed and include frontline and central office staff, the EKU Training Branch, and AOC. Each workgroup appointed a lead and co-lead from department staff to be the point of contact and driving force for each respective workgroup. Technical assistance in the form of a state liaison, practice improvement coordinators, and subject-matter experts were provided by the Center during the workgroup meetings. Each workgroup analyzed data and root causes, developed strategies, and crafted a theory of change to explain why the strategies chosen are expected to improve outcomes in each of the goal areas. The Children's Bureau provided feedback, resources, and technical assistance. Workgroup meetings occurred regularly throughout the PIP development process both in person and via conference call and will continue to occur during PIP implementation and evaluation.

A. Mission Statements

Department for Community Based Services

The mission of DCBS is to build an effective and efficient system of care with Kentucky's citizens and communities to:

- Reduce poverty, adult and child maltreatment, and their effects;
- Advance person and family self-sufficiency, recovery, and resiliency;
- Assure all children have safe and nurturing homes and communities; and
- Recruit and retain a workforce and partners that operate with integrity and transparency.

Division of Protection and Permanency

The mission of DPP is to protect children and vulnerable adults and to promote self-sufficiency and permanency by providing the best regulatory framework and state plan structure possible. DPPs mission is also to ensure maximum flexibility for interpretation and implementation of policy and procedures, which best meet the needs of the community.

B. Vision Statements

Department for Community Based Services

A human services system of care that operates with integrity and loyalty to a code of ethics requires courage to take responsibility for providing the highest quality of service to the vulnerable.

The department is an innovative, solutions-focused learning organization built on a foundation of transparency in action and with accountability for results. 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.

Division of Protection and Permanency

DPP 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. DPPs vision is a division that is:

- 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.

II. Key Themes Identified for the Program Improvement Plan

In July 2016, Kentucky participated in round three of the CFSR. Kentucky had a traditional review, which consisted of the review of 65 cases in three sites utilizing reviewer pairs of state and federal reviewers. In addition to case reviews, statewide stakeholder interviews were conducted in an effort to gain a broader view of the department and stakeholders' perspective regarding how the state was meeting the needs of the families and children served.

Results from the case reviews and stakeholder interviews identified key areas within the state that were in need of improvement in order to effectively improve outcomes for families and children. The themes identified that will be addressed within this PIP also correspond with the department's vision and include workforce, family engagement, safety assessments, service array, continuous quality improvement (CQI), and permanency.

A. Workforce

The department has utilized many avenues to gain a deeper understanding of workforce concerns throughout the department prior to and during the development of the PIP. The Commissioner's Office has been tasked with a department-wide transformation project that will not only look at workforce, but many other areas in which to transform and improve child welfare activities throughout Kentucky. These project management activities currently consist of nine different workgroups, focused on transforming workforce supports, information technology supports, field or service region

implementation supports, fiscal modernization, prevention supports, foster care and adoption, transition-aged youth supports, relative placement supports, and permanency. These activities are separate from PIP strategies and key activities, but will assist in improving outcomes across the state. The same project management process has been followed through each of the nine workgroups. The process began with scope development and requirements gathering. Next, a schedule was developed to include an activity duration analysis. Activities will be tracked over, approximately, the next twelve months. The department officially announced these activities during a child welfare transformation kickoff event that occurred on July 13, 2018. Through this process, many activities were developed to address workforce supports in addition to the strategies developed within the PIP. Those activities include but are not limited to developing and implementing a culture of safety framework, creating an employee spotlight, department reorganization, and expansion of the Public Child Welfare Certification Program.

The department, in collaboration with EKU, has developed and implemented the *Employee Engagement Survey* in an effort to explore department and staff performance, staff satisfaction, and perceptions of key elements or organizational functioning. While determining areas in which the workforce can be more stabilized, the department has utilized the Employee Engagement Survey results. Additionally, results from the surveys were utilized in the development of PIP strategies targeted at retaining current staff while improving work-life balance.

B. Family Engagement

Department culture has shifted away from collaborating with families and utilizing a family-centered approach. Bias and punitive practices both within the department and the court system have impacted families' ability to maintain the motivation needed to work toward resolving the concerns that led to department involvement. A noticeable trend within the state is the loss of custody and visitation between parents and children based on compliance rather than safety concerns. Unnecessary separation of children from their families leads to trauma for the child, as well as the possibility of triggering unaddressed parental trauma that can negatively impact the parent's motivation for change. In addition, the loss of visitation between children and their families based on compliance alone leads to difficulties in practicing and improving parenting skills, as well as impacting timely and successful reunification of families. The department is committed to the development of relationships with the court system and other community partners in an effort to increase the awareness of the importance of a family-centered approach.

Another noticeable trend is the lack of engagement between frontline staff and families. Often times, the department is taking a routine approach to the development of case plans, rather than truly partnering with families to develop individualized objectives and tasks that will address the safety concerns and high-risk behaviors that led to department involvement. Quality visits between frontline staff and families is essential to elicit the information needed to make informed safety decisions, as well as building rapport in an effort to truly work in partnership with families. The department is committed to working with frontline staff in an effort to shift the culture back to that of a family-centered approach, while helping staff understand the importance of valuing families.

C. Safety Assessment

Currently, the department is struggling with conducting quality safety assessments that address the immediate needs of families served. Reported explanations for this include lack of staff time due to large caseloads, as well as the practice skill sets of the workforce, particularly when differentiating

between safety and risk. As noted above, staff and court system bias play a large role in safety decision making, as often times decisions lead to the removal of a child from the home rather than attempting to remove the harm. Frontline supervisors are the gatekeepers of safety practice and quality work, therefore, it is crucial that supervisors have the practice skills necessary to assist staff in making appropriate safety decisions.

Another barrier within the department revolves around the number of reports that are accepted for investigation, and then subsequently found as unsubstantiated. This leads to larger caseloads for an already overburdened workforce and takes time and attention away from families who truly need services. Skill development is needed in an effort to slow down the intake process to gather the information needed in order to make better decisions around the acceptance of referrals. This will assist in decreasing the number of referrals that are accepted for investigation, consequently reducing staff burden. As this endeavor could lead to concerns from the community, the department will explore ways to effectively communicate the change to the public.

Although the work outlined in the safety strategies below will be a substantial undertaking, the department is committed to ongoing work with the court system and other community partners to increase knowledge and understanding of true safety practice, to include keeping families intact when possible. Additionally, the department is committed to ensuring that supervisors have the practice skills and confidence needed to ensure quality work, thereby ensuring that staff have the support and skills needed to inform decisions around safety.

D. Service Array

Kentucky, as well as other states around the country, is currently burdened with the detrimental opioid crisis. Service provision around the state is lacking regarding ensuring families suffering from addiction have affordable and quick access to needed treatment for substance misuse. Although some areas of the state are fortunate to have an array of services related to substance misuse, such as the Sobriety Treatment and Recovery Teams (START), many areas have very few options for appropriate treatment. There are efforts underway in Kentucky as a result of the Comprehensive Addiction and Recovery Act (CARA) of 2016 in relation to the plan of safe care (POSC). However, strategies developed for the PIP will assist with moving services further to ensure access for all families in need of treatment.

Additional concerns within the state include lack of supports for relative and fictive kin caregivers. Partnerships have been developed with Annie E. Casey to analyze current practices within the state around relative and fictive kin processes and supports in an effort to develop recommendations for improvements. Workgroups have also been developed from legislative mandates to study foster care practices within the state, which will include examining the relative and fictive kin approval processes.

Visitation for children and families during times of separation is an area the state struggles to prioritize due to an overburdened workforce and lack of visitation services. Parent-child visitation is vital for ensuring successful reunification, as it assists with maintaining bond and attachment, parental motivation, and the ability for parents to strengthen and demonstrate parenting skills. Partnerships with the faith-based communities within the Jefferson and Salt River Trail Service regions have enhanced the state's ability to provide this essential service in a family-friendly atmosphere, while reducing workload for frontline staff. As detailed in strategy 2 of the service array section, the state will work toward enhancing this practice within the PIP period, as well as build capacity for statewide implementation beyond the PIP.

E. Continuous Quality Improvement

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

CQI is an ongoing process, not an event, by which all staff at all levels of the organization, clients, and stakeholders are involved in evaluating the effectiveness of the department in providing services. The CQI process continues to examine internal systems, procedures and outcomes, and relationships between the department and community stakeholders.

The CQI process operationalizes the department's vision and mission to apply principles of a learning organization, make data-informed decisions, and actively engage staff and community in continuous performance and quality improvement. CQI is at the core of department efforts focused on strategic achievement of national and state outcomes for DPP service programs. The department's goals and objectives address improved outcomes in the following key areas: safety of children; permanency for children; well-being of children and their families; and the nature, scope, and adequacy of existing child and family-related services.

Through the strategies developed within the PIP, the department will strive to improve, build capacity, and maintain a consistent CQI process at various levels throughout the state to ensure the monitoring and improvement of outcomes for families and children. This will include ensuring that key department leadership uses data to support effective management and supervision, which will lead to data-driven practice across the state.

F. Permanency

Achievement of timely permanency for children placed in out-of-home care (OOHC) is another central theme throughout the PIP and the child welfare system as a whole. The department anticipates each section of the PIP to directly or indirectly have a positive impact on permanency. For example, by implementing an established safety model as outlined within the safety strategy, the department is hopeful that frontline staff will be better equipped to recognize the presence and subsequent absence of safety threats, such as those safety threats that trigger the removal and placement of a child in foster care. With this recognition, staff will then be able to articulate how safety threats have been addressed to judges and justify why the department is in support of returning a child to his or her family as soon as safety threats are resolved and risk factors are mitigated. The three permanency strategies identified in the below section of the PIP involve partnering with other agencies in the child welfare community and analyzing data to address local, regional, and statewide barriers to achieving permanency.

In addition to the permanency focus in the PIP, one of the three primary goals for the department's child welfare transformation is to improve timeliness to appropriate permanency. Through strategies including but not limited to the development of the Kentucky Foster Adoptive Caregiver Exchange System, the development of a culture of permanency training, and the establishment of a diligent recruitment committee, there is a renewed emphasis on partnering with biological families or foster and adoptive families to provide needed services that will enable these families to achieve permanency. Furthermore, legislation included in House Bill 1 (HB 1), passed during the 2018 session of the Kentucky General Assembly, focuses on court case reviews for children placed in foster care six months or more

and mandates other timelines for both the court and the department to follow in effort to achieve permanency for these children sooner. For more information regarding HB 1 and its anticipated effect on permanency outcomes for children, please refer to permanency strategies in the below section.

III.   Strategies

A. Workforce

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

The state has collaborated with researchers from local universities within recent years to develop methods of assessing workforce issues and suggestions for improvement. Through the use of online surveys, frontline staff have the opportunity to participate anonymously in needs assessments and the annual Employee Engagement Survey. In addition, the state has internal methods of tracking workforce issues through the use of exit surveys, staff turnover reports, and caseload monitoring. Through the use of these various assessments, the state has uncovered the following themes regarding workforce issues, as reported by frontline staff:

- Working with families and making a difference was identified as very important to staff, although high caseloads make this challenging.
- Along with high caseloads, staff identified the number of social service specialist positions as diverting staff from frontline positions and contributing to the caseload problem.
- There is a lack of confidence in central office and regional office leadership, specifically related to how decisions that impact frontline staff are made and communicated. These decisions are seen as reactionary rather than well planned.
- Satisfaction with direct supervisors is better than that of central office and regional office, although more time with supervisors was identified as a need.
- The greatest satisfaction identified was in relationships with and support from coworkers, although regional differences indicated some friction between staff and a perception that some coworkers do not do their fair share of work.
- Approximately half of the workforce has less than five years of experience. From 2016 to 2017, there was a decrease in the percentage of respondents who would like to find a job somewhere else, suggesting improvements may have been made regarding job satisfaction.
- Lack of recognition for good work was frequently cited as impacting job satisfaction.
- The health effects attributed to child welfare work were particularly alarming and include high blood pressure, unhealthy eating leading to weight gain and obesity, anxiety, depression, sleep disturbances, posttraumatic stress disorder, isolation, poor work-life balance, and exhaustion. The department needs to consider how to support the self-care of the staff and staff's work-life balance.
- Salary and benefits were identified as inadequate for the job, citing lack of cost of living increases, unequal compensation for more experienced and educated staff, changes to the cost of benefits, and changes to retirement benefits.

- While still areas of concern, from 2016 to 2017 improvements were noted in employee responses regarding department mission, communication, satisfaction, quality of supervision, training, strain, stress, and role overload.

The improvements noted from 2016 to 2017 suggest that the data collected has been used by department leadership to affect positive change. When determining appropriate and meaningful strategies for improvement in response to these findings, the state considered what initiatives could be pursued that do not require an additional and large budgetary allotment, such as those passed in the 2018 regular session in HB 200—the Executive Branch budget bill that provided additional appropriation to the department's workforce supports and frontline staff salary increases. In addition, the state wanted to build upon any current workforce initiatives occurring within the state that have resulted in positive feedback from the frontline staff themselves. This resulted in strategies focused on the development and expansion of retention committees and alternative work schedules.

Retention committees will be local or regional teams composed of frontline and regional staff who are passionate about creating a more supportive, positive, and nurturing work environment for themselves and their peers to counter the inevitable stress that is inherent to child welfare work. The committee will be led by a regional office volunteer and will meet regularly to determine and implement a plan for activities focused on uplifting the staff based upon the local needs or areas of interest. Encouraged activities will include employee recognition activities, self-care activities, and activities to improve office culture and relationships. By placing focus on the health, happiness, and value of staff, it is the intent of this strategy to retain more staff and gradually shape the workforce to yield to more manageable caseloads, resulting in less stress and increased job satisfaction of the frontline.

The Jefferson Service Region has implemented alternative work schedules on select teams in which frontline staff and supervisors work longer shifts, but fewer days per week. Some staff members have shifts during the weekend days, reducing the amount of on call and overtime for staff in this region and widening the scope of the traditional business week. By decreasing the amount of overtime required by staff, it is the goal of the alternative work schedules to improve employee efficiency during their non-traditional work week by improving employees' work-life balance. Anecdotal data from frontline staff (both those who have an alternative work schedule and those who do not) suggests alternative work schedules have been well received and have improved employee job satisfaction. By expanding alternative work schedules to other areas in Kentucky, the state expects to positively impact employee retention by being more accommodating to staff's personal life, thus creating an enhanced satisfaction of work-life balance.

To measure the effectiveness of retention committees, results from the annual Employee Engagement Survey will be analyzed. Data from this survey will be reviewed yearly and compared to the 2017 survey (baseline) results to determine if satisfaction with work-life balance has increased, if stress has decreased due to utilization of positive self-care techniques, and if there is a feeling of increased support and teamwork. In addition, exit survey data will be examined on a quarterly basis. To determine the satisfaction and effectiveness of alternative work schedules on increasing work-life balance, a focus group will be held after the team has been established to provide a retrospective account of changes to employee satisfaction.

The development and enhancement of retention committees will occur across all nine service regions in its initial roll out. The plan for alternative work schedules is to begin by creating a team in Kenton County, and then rolling out in two other counties across the state within the next two years.

Strategy 1:

Implement retention committees within each service region. Develop and implement activities in effort to support local staff retention by improving morale.

1) Service region administrators identified regional retention committee leads for each region who are responsible for developing regional committees that will implement and evaluate retention activities. (complete)

2) Service region administrators communicated with employees in the regions regarding retention committee leads and their roles. (complete)

3) The workforce group lead and co-lead created a listing of retention committee activities that are used throughout the state and potential new activities and sent the listing to the workforce group members for feedback. Encouraged activities include employee recognition activities, self-care activities, and activities to improve office culture as recommended by supervisors surveyed in a needs assessment and as the findings suggest in a survey completed by frontline staff (Griffiths, Royse, & Walker, 2018). Suggestions of activities to improve morale include: (complete)

   - Staff awards and newsletters to spotlight new employees, casework achievements, and other celebrations.
   - Physical and mental health resources such as onsite exercise classes, mindfulness training, and preventive health services.
   - Social events such as lunches, potlucks, and holiday parties.

4) The workforce group will utilize main points from child welfare workforce research, Kentucky-specific survey data, and activities from the listing to develop a PowerPoint presentation regarding the process of implementing retention committees. A specialist on the Quality Assurance (QA) Branch will schedule a webinar with the workforce group and regional retention committee leads to present the purpose and process of retention committees. (Q2)

5) Retention committee leads will assess engagement and recruit both existing and new retention committee members for each region. Retention committee leads will encourage participation with emphasis on a mix of new and tenured frontline staff. (Q2)

6) Retention committee leads will convene the committee within their region to plan, organize, and begin retention committee activities. (Q3)

7) Retention committee leads will have a quarterly meeting with one another to discuss the status, successes, barriers, and themes among retention committees. A member of the QA Branch will be present and will forward this information to DPP leadership while the Assistant Director within DSR will be present and will forward this information to others within DSR leadership in an effort to inform current and future workforce-related efforts. (Q4)

   - The workforce lead and co-lead will invite staff and presenters from the Personnel Cabinet, Kentucky Employee Assistance Program, Go365, etc. to participate in quarterly meetings to share current resources and programs available. Retention committee leads will be responsible for contacting presenters after meetings if any of the presented resources may be useful for their region.

8) The Assistant Director of DSR, who manages CQI, will share regional exit survey data on a quarterly basis with the retention committee leads for review. (Q1 for baseline, ongoing measurement)

   - The Employee Engagement Survey is administered to staff on an annual basis. The 2017 results of this survey will provide data for the baseline. Service region

administrators will disseminate annual updates of the data to the retention committee leads for ongoing measurement.

Strategy 2:
Implement alternative work schedules in Kenton and two additional counties to improve work-life balance for frontline staff.

1) The service region administrator or designee for the Northern Bluegrass Service Region will gain an understanding of high volume referral times by gathering and reviewing data. Kenton County will be the first implementation site. (Q1)
2) The service region administrator or designee will send an email inviting staff within the region or specific counties to attend a meeting to explore alternative work schedules. The purpose of the meeting will be to discern if there is enough interest with existing staff or if the region will need to post position openings specific to alternative work hours. (Q1)
3) A second meeting will be held in order to identify specific work hours for staff and to determine criteria and timing for referrals that will be filtered to the alternative work schedule team. (Q1)
4) The service region administrator or designee will submit a letter to central office for approval of the team as well as the hours the team has chosen to work. (Q2)
5) The service region administrator or designee, the alternative work schedule team, and the personnel service region administrator associate will complete a conference call with the Office of Human Resource Management (OHRM) to discuss the hours, shift differential pay, holiday protocol and pay, and proper coding of timesheets. (Q2)
6) OHRM will provide a written memo regarding the discussion of the conference call providing guidelines on shift differential pay, holiday protocol and pay, and proper coding of timesheets. This memo will be provided to Kenton County staff. (Q2)
7) Once the alternative work schedule team is implemented in Kenton County, a weekly monitoring of referrals will be completed by the service region administrator associate by reviewing referrals sent to the alternative schedule team and referrals sent to the regular investigative work hour teams to ensure equitable distribution of work. (Q3)
8) After implementation of the alternative work schedule team, the service region administrator associate and the service region administrator will conduct a focus group with the alternative work schedule team members and other investigative staff to evaluate the effectiveness of the team and to determine if the work-life balance for staff has improved. Based upon findings from the focus group, adjustments will be made to the alternative work schedule team as needed. (Q4)
9) The Director of DSR or designee will continue to hold discussions at the service region administrator meetings regarding the service regions exploring alternative work schedules and providing updates on existing team implementation. (Q5)
10) The Director of DSR or designee and the service region administrators will determine two additional counties in Kentucky that will implement alternative work schedules. (Q5)
11) Key tasks to implementation (step 2 through step 8 above) will be utilized to implement alternative work schedules in the additional two counties. (Q6)
12) The service region administrators and staff on the alternative work schedule teams in Kenton and Jefferson Counties will assist with implementation in the additional two counties by providing information regarding lessons learned, positives, negatives, and the impact alternative work hours has on work-life balance and staff retention. (Q6)

B. Family Engagement

Engaging families during face-to-face visits is essential in child welfare work, as engagement creates a collaborative and motivating atmosphere focused on achievement of case goals. Without intentional engagement from frontline staff, families can feel overwhelmed, alone, and hopeless when stacked against a child welfare workforce that seemingly does not have enough time, resources, or ability to focus on exploring family needs and joint solutions to family problems. Frontline staff come from a variety of human services disciplines, and as noted in the 2016 CFSR final report, the level of engagement a family experiences is often based on the individual staff involved. The department is committed to strengthening the engagement skills of its workforce by targeting maladaptive beliefs, values, and skills of the frontline staff to achieve more frequent and meaningful visits and contacts between families and the department.

To gain a deeper understanding of why frontline staff struggle with engaging families, the members of the family engagement workgroup completed informal interviews with supervisors and staff throughout the service regions regarding their experiences and observed barriers to engagement. This qualitative information was relayed to the family engagement workgroup for discussion and consideration during the development of PIP strategies. The workgroup found that family engagement is a statewide area for improvement. Staff reported not knowing where and how to begin conversations when interacting with families. Staff often lacked verbal and nonverbal communication skills that are necessary to facilitate open and goal-driven communication with families. For example, during a case observation in which an engagement workgroup member shadowed a frontline staff member during a home visit with a family, the staff member did not ask the family's permission if the workgroup member could enter the home and did not introduce the workgroup member once they entered the home. The staff member proceeded to walk around the home with a clipboard, checking off boxes on paperwork while asking compliance-based questions rather than sitting down and having a face-to-face conversation with the family about their needs, concerns, and goals. In addition to the lack of communication skills and compliance-driven mindset referenced in the above observation, interviews and observations with frontline staff also revealed that many staff are unable to effectively engage families during visits due to stress caused by turnover and high caseloads.

During the exploration of the problem, members of the engagement workgroup discussed how The Lakes Service Region has begun calling case participants during the second-level case review process to solicit firsthand information from clients regarding their experiences with the department. While much of the feedback received by those who choose to participate in the phone calls has been positive, areas of concern that can be improved by frontline staff-client engagement have been found. The engagement workgroup decided to formalize and expand the client phone call process as a way to show clients that the department is interested in hearing and improving the service that is provided to them. Feedback obtained through the phone call process, along with hearing and managing issues identified by clients in service complaints (common themes including but not limited to lack of respect and condescending interactions with clients), led the workgroup to conclude that frontline staff must "get back to basics" regarding skills and beliefs that are the crux of social work but have been, for some, lost in practice.

The family engagement workgroup proceeded by reviewing the department's training of frontline staff to determine if revisions or additions would be necessary to meet the goal of increased engagement. The workgroup found that engagement is discussed in detail and is woven throughout the training curriculum, however, there is a breakdown between the training period and applying the content while practicing in the field. The workgroup also had discussions regarding veteran staff who have been

reported to drift away from best practice over time and have lost basic principles of the helping profession. In addition, the workgroup found that workforce issues (including supervisors who are promoted too quickly and do not have the experience to model the necessary engagement skills needed by staff, and staff who receive cases without completion of training) contributed to lack of engagement skills across the department. In efforts to reinforce engagement issues among these various levels of staff and respond to the need to "get back to basics," the engagement workgroup decided to enhance the department's standards of practice (SOP) to clearly establish and articulate expectations of engagement and develop a refresher training that will be delivered to frontline staff that includes family voice so that all department staff hear the value of engagement and department expectations of engagement. It is the workgroup's intent to deliver this refresher training statewide and enhance SOP to bring consistency across the state. Further, department staff will be educated on the ongoing efforts established to assess engagement between the department and families served by the department during case reviews.

Results from the 2016 CFSR final report indicated that visits with children and parents in both in-home and foster care cases are areas needing improvement. Regarding caseworker visits with children, Kentucky received a strength rating in only 58% of cases reviewed, while 41% of cases had frequent and quality visits with parents. This strategy is focused on providing insight behind the impact of frequent and quality visits with all members of the family to include youth, mothers and fathers, and alternative caregivers such as relatives and foster parents. The concrete steps that will be taken to improve family engagement within this strategy include the delivery of a statewide refresher training to frontline staff that includes testimony by parents with current or prior child welfare involvement in effort to change maladaptive beliefs by staff, and modeling of engagement skills and tip sheets for frontline staff and supervisors to provide behavioral examples of how frontline staff can adapt their current practice during visits to be interactive and motivating for families. The training will have a focus not only on frontline staff, but also on supervisors and how they can model engagement during the case consultation process with staff while also assessing and encouraging engagement at the staff-client level. For example, during the training supervisors will receive a tip sheet with examples of questions that can be used with staff during the case consultation process, such as, "how would you describe your relationship with the mother?" By asking this question, the supervisor is not only pushing staff to think critically about his or her casework and potential barriers to completing tasks, but the supervisor is also modeling for staff how asking more engagement-focused questions (rather than compliance-based questions) can lead to a richer, more meaningful discussion regarding barriers, strengths, weaknesses, and next steps.

While a significant portion of face-to-face visits held between staff and families are in the families' homes, the skills and beliefs targeted in the below strategy are not only applicable to home visits. Engagement skills are especially useful in more serious cases that involve OOHC placement of children and collaboration with the family and community partners during family team meetings (FTMs). A FTM is a tool for engagement used to assist a family in achieving safety, permanency, and well-being outcomes and sustainable family changes. The FTM is a meeting that includes family members, including the child when appropriate, and their informal support system, service providers, the caseworker, the supervisor, and possibly other resource staff from the department and offers collaborative child protective planning that is effective, meaningful, and enduring. The members of the family team convene to operate as a collaborative decision making and planning group, seeking to build shared understanding of differing points of view, how each fits into the total network of support and gain consensus on direction. The family has the right and should be advised to invite individuals who are supports for them. Participants of the meetings may change over time based on the changing needs of the family. FTMs are held within ten days of removal, ninety days after a child enters OOHC, every six

months while in OOHC, within thirty days of reunification, and at other critical junctures of the case, as requested by the family or frontline staff. The below engagement strategy embraces and encourages the partnership, transparency, and goal-driven tenets that are imperative to a successful FTM.

In order to test and modify the training to best meet frontline staff needs, the training will first be piloted in one service region and will be adapted as needed prior to being delivered statewide. Ongoing, concrete steps include phone calls to families during the second-level case review process and reinforcement of these tenets through posters that will remind frontline staff of how their interactions with families during visits have a significant influence on families' perception and motivation to achieve case plan goals.

By utilizing second-level reviewers to solicit feedback from children and families regarding their experience during visits with staff, the effectiveness of this strategy will be measured and the process will be incorporated into an already existing case review and feedback process. In addition, as discovered in The Lakes Service Region (this region has already begun soliciting and tracking feedback from families as part of their region-specific case review process), these phone calls to families provide regional leadership with opportunities to share firsthand information from families regarding positive experiences with staff to increase staff morale.

This strategy will be implemented statewide. It is anticipated that this strategy will have cross-cutting impacts as strengthening quality and frequency of visits may enhance staff's ability to accurately assess for safety concerns and services needed while boosting parents' motivation to change, which may affect permanency. By utilizing positive feedback from families and sharing this information with frontline staff, the department hopes to highlight the importance of quality visits and increase employee morale and retention.

Other department initiatives currently targeted at improving family engagement include examining and revising the supervisory consultation process (part of the PIP's safety workgroup) to ensure supervisors are engaging staff and that supervisor-staff engagement is happening parallel to staff's engagement with families. Other initiatives include strategies within the child welfare transformation efforts such as the distribution of tablets to frontline staff in efforts to reduce paperwork and increase staff's time and efficiency in the field, as well as implementing the field training specialist (FTS) program. The FTS program is one in which experienced and high-performing department staff work one-on-one with frontline staff in the field to provide direct and specific modeling and coaching based upon the individual staff's needs. This program is highly anticipated by frontline staff, and the department is hopeful that this program can serve as an additional means to bridge the gap between training and practice and slowly shift the culture of child welfare back to truly helping others.

Strategy 1:
Implement a focused campaign on ensuring frequent and quality worker visits with parents and children in both investigative and ongoing cases.

1) The engagement workgroup defined a quality worker visit. (complete)
   a. The engagement workgroup reviewed SOP and training materials involving worker visits to create a definition of quality worker visits.
   b. The engagement workgroup revised the Caseworker Visit Notes document in SOP 3.10 (click on "Caseworker Visit Template.doc").

2) The engagement workgroup created a tool that second-level case reviewers will use on calls to families to evaluate the quality of worker visits and solicit feedback from families. Calls will target those who have a case plan and those children who were maltreated to assess quality of visits. This tool consists of questions to be asked on phone calls to families. These data will establish a baseline and will be used for ongoing data collection. Language and questions that are in the Onsite Review Instrument (OSRI) were reviewed and compared to the tool used in The Lakes Service Region. The new tool includes both open-ended questions and Likert scale response options. (complete)

3) The engagement workgroup and CQI specialists will review the second-level review calls Excel sheet (currently used in The Lakes Service Region) and will make any necessary changes. (Q1)

4) The engagement workgroup will consult with the Information and Quality Improvement Section (IQI) and the Center to determine the following:
   - The number of calls needed for a baseline. (complete)
   - Feedback on the tool. (Q1)
   - How to ensure that the ongoing random sample contains cases where the staff have received the refresher training. (Q1)

5) The engagement workgroup will create a PowerPoint presentation to introduce second-level reviewers to the call tool. A webinar will be completed with all second-level case reviewers and quality assurance leads to explain the process and expectations. (Q2)

6) Second-level case reviewers will establish a baseline by using a random sample to complete 270 statewide reviews (one time review of thirty per region) by calling families and using the tool. (Q2)

7) The engagement workgroup developed two tip sheets: one for staff and one for supervisors. The tip sheet for staff includes a list of questions that can be used with both adults and children during visits (in investigations, in-home cases, and OOHC cases) to engage families, to de-escalate families, and to roll with resistance. The tip sheet for supervisors includes a list of questions that can be used during consultation and prior to visits to encourage the staff's engagement of the family. (complete)
   a. The engagement workgroup gathered current documentation to create language for the tip sheets. Tip sheets are one page each and will be distributed to the service regions for each individual worker and supervisor during the refresher training.

8) The engagement workgroup will communicate with the quality assurance leads for each region in order to identify champions. These champions will work with the engagement workgroup to present the curriculum at the refresher training. The intent of the refresher training is to address adaptive challenges of staff that hinder engagement during visits and to provide technical training on motivational interviewing-based strategies that can be utilized to encourage change within families. The curriculum will be presented to leadership and includes the following: (Q3)
   a. Introduction, discussion, expectations, and distributing of tip sheets.
   b. Each service region will plan for a biological parent to come and speak at the refresher training. A plan will be developed that will outline how biological parents will be prepared to attend and speak at the refresher training.
   c. Stories or testimonial comments from parents and kids.
   d. Modeling the use of questions from the tip sheet.
   e. Necessary changes to SOP that will come after completion of refresher training (to include engagement definition in SOP 1.6, updated Caseworker Visit Notes document, tip sheets).

f.　Explanation of updated second-level case review process that now includes phone calls to families.
9) The internal communication plan begins with the refresher training. Refresher training will be completed in each of the nine service regions. The primary audience for the training will be frontline staff, however, supervisors will also be encouraged to attend. (Q4)
10) The engagement workgroup will work with the QA Branch Manager to integrate the following into SOP: new definition of quality worker visits, staff expectations and tip sheet for quality visits, supervisor expectations and tip sheet for quality visits, and Caseworker Visit Notes document. (Q5)
11) The engagement workgroup will work with the EKU Training Branch to integrate the new definition of quality worker visits into training. The engagement workgroup will work with the safety workgroup and the EKU Training Branch to incorporate this information (along with other supervisory initiatives) into the P&P supervisor training series to create sustainability. This will include: (Q5)
　　a.　Training for new hires (frontline staff and supervisors).
　　b.　Training for current employees (frontline staff and supervisors).
12) The engagement workgroup will work with the EKU Training Branch to develop an interactive, web-based training for all frontline staff and supervisors (current employees and new hires) to be completed annually. (Q6)
13) Additional communication methods will include quarterly distribution of either 1) The creation and institution of a poster campaign, or 2) "Did You Know?" emails to remind staff of the importance of quality worker visits.
　　a.　The above communication methods will include data on the importance of engagement and relationships to family success and quotes (both positive and negative) obtained through phone call reviews (Quality Matters site on the Center's website has data pieces). (Q2)
　　b.　The engagement workgroup reached out to the Center to inquire whether they can assist with the creation of the posters. (complete)
14) The engagement workgroup will evaluate for change in quality of worker visits utilizing data gathered through the second- and third-level case review processes. (Q5 and ongoing)
15) The engagement workgroup will collaborate with the CQI workgroup to create a consistent feedback loop (statewide) that uses the data to make improvements while highlighting quality casework that is captured during phone calls during second-level case reviews. (Q5 and ongoing)

C. Safety Assessment

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. Round three of the CFSR indicated that Kentucky was not in substantial conformity with the safety outcomes (safety outcome 1, item 1, 75%; safety outcome 2, items 2, 67%; and 3, 60%). The implementation of an established safety practice model that is supported by effective and enhanced supervision and consultation will serve to: 1) ensure children are only coming into OOHC when there is a true safety issue that cannot be controlled by department intervention; 2) provide a structured supervisory framework that promotes a "supervisor as safety monitor" culture; and 3) increase timely permanency by assuring children return home as soon as it is safe or are moving toward another permanency goal. The department has highlighted Kentucky's safety practice as an area in need of transformation and is committed to promoting a strong and supportive structure.

Kentucky's rate of entry into foster care has shown significant increase since 2012. As of January 2019, Kentucky had 9,705 children in OOHC. Coupling these data with the results of item 2 indicates Kentucky needs to make improvements regarding safety in the home and providing services to prevent removal. Additionally, Kentucky received 114,803 calls with allegations of abuse or neglect to children from January 1, 2018 through December 31, 2018. Of these calls, 49% met acceptance criteria and only 30% of those had a finding of substantiated or services needed.

Furthermore, Kentucky's observed performance on the most recent national standards regarding maltreatment in foster care shows Kentucky has not met the national standard. In 2018, a targeted case review was conducted on children in OOHC during the timeframe used in the above mentioned national data in efforts to understand barriers to meeting the national standard. The analysis found that 56% of the reported incidents of maltreatment were not recorded accurately, as the incidents did not occur during the child's foster care episode, but instead were incidents that occurred prior to being placed in OOHC but reported after entering care. As a result, a strategy around maltreatment in foster care was not determined to be necessary; however, these data will be beneficial in incorporating a robust safety assessment, as well as improving data collection within the statewide automated child welfare information system (SACWIS).

Kentucky has identified two key strategies to achieve an enhanced safety practice. The first strategy is to implement an established a comprehensive safety practice model that is supported by a supervisory framework to improve safety outcomes for children across the life of the case. The second strategy identifies the response of the department to families reported for abuse or neglect. Kentucky wants to ensure a department response is occurring when there is a true threat to safety and reduce the number of false negative and false positive decision errors. To gather more information regarding this area, Kentucky participated in a peer-to-peer conference call with Minnesota child welfare officials to discuss the work Minnesota completed around a screening analysis and how it has impacted outcomes on acceptance criteria. The call was informative and gave the department tools for future consideration when evaluating the effectiveness of the enhancements that will be made to acceptance criteria.

Enhancing the safety practice in Kentucky will promote a culture of removing children from the home only when it is a true safety issue that cannot be controlled by department intervention and ensure children will be returned to the home as soon as the safety threat can be eliminated or controlled. The ongoing assessment of child safety outside of the investigation will be strengthened to support timely permanency, case closure, and reduce repeat maltreatment. As part of other child welfare transformation efforts, the department has entered into a contract with Collaborative Safety, LLC to develop a case review process that will promote shared systemic accountability and eliminate blame when undesirable outcomes occur. Utilizing this approach, the department will be able to support staff in making decisions related to child safety and eliminate the fear that is often associated with attempting to work with children in their homes of origin. From the highest level of leadership, the department will promote a sense of shared accountability in child safety decisions.

Partnership with the court system (AOC staff, judges, attorneys for parents and children, court-appointed special advocates [CASA], and county attorneys) is imperative to successful implementation of an enhanced safety practice model and is specified in strategy 1 below. Kentucky recognizes that the department and the court system must work in collaboration to not only develop enhancements to the safety model, but to support and foster the statewide growth regarding the culture of keeping children in their homes of origin whenever safely possible. This collaboration is accomplished through the leadership of the safety model workgroup in conjunction with the AOC leadership team and family court

judges through participation in the core team steering committee within the safety model workgroup. Through the use of focus groups, AOC and department staff had the opportunity to explain what services, safety planning, and other safeguards need be in place to be agreeable with allowing more families to remain intact when safety issues are identified in the home. Without a mutual understanding and agreement between department staff and the court system, a change in the safety culture will be unachievable as both sides play different, yet imperative roles in the assessment and management of child maltreatment issues. The department and AOC are committed to strengthening this partnership to ensure successful implementation of these strategies. To ensure that both the department and AOC have a mutual understanding and lens for improving safety-related practice in child welfare, the department will share data with AOC and incorporate judicial feedback into the CQI process as outlined in strategy 1. Efforts are underway to engage the Kentucky County Attorneys Association and the statewide director of CASA for input into the implementation of the safety model. These statewide efforts are in addition to local efforts in the implementation sites to solicit input in the form of workgroups from local judges, regional county attorneys, attorneys for parents and children, and CASA.

Utilizing strategies from other workgroups such as family engagement and workforce, staff development will be supported to effectively practice the enhanced safety model that the department will select, modify, and implement in strategy 1 below. By enhancing practice, the department can better prepare and articulate safety-related issues to the court system throughout the life of the case. To aid in this effort, the department will consider selection of a model that has safety assessments and tools that can be easily shared with the courts and attorneys to help explain the current status of risk factors, safety factors, and overall justification for case decisions and recommendations. While the strategy will only focus on implementation in two service regions, statewide readiness activities will be included in PIP monitoring and statewide implementation will be included in Kentucky's CFSP. The department anticipates a final statewide rollout of the safety model within 18 months after implementation in the pilot sites.

As of February 2019, the state has reviewed various safety models and has focused the selection down to two models: The Structured Decision Making (SDM) model for child protection and Action for Child Protection. Preliminary conversations have occurred between department leadership and the vendors for these two models. The department has noted that Action for Child Protection aligns with the court system's recently introduced safety model: *Child Safety: A Guide for Judges and Attorneys* (see pg. 19 for more details regarding the court system's safety model). Next steps for the safety workgroup include face-to-face meetings with the vendors to learn more information regarding what services and products are available with each model. After the selection and leadership approval of the model, the department will proceed with the sole source process as described by the Cabinet's Finance and Administration Policy:

- A procurement shall be exempt from competitive bidding, if there is only one known capable supplier of a commodity or service, due to the unique nature of the requirement, supplier, or market condition.
- In order to be exempt from the bidding process, utilizing the Sole Source Finance and Administration Policy, the using department shall provide written justification for the purchase, clearly substantiating the fact that the sole source item is the only item that will meet the needs of the department. The justification will be presented in the form of a letter from cabinet upper management to the Executive Director of the Office of Procurement Services, Finance and Administration Cabinet.

- In addition, the using department shall provide written justification from the vendor demonstrating that they are the sole manufacturer, sole distributor, or sole authorized service agent.
- If such purchase is considered to be information technology in nature, further approval shall be obtained from the Commonwealth Office of Technology, through a Strategic Procurement Request, prior to approval from the Office of Procurement Services.
- All justifications shall be sent electronically to the executive director of the Office of Procurement Services for prior approval of all purchases in excess of the department's single quote small purchase authority.
- Upon approval from the Office of Procurement Services executive director, a buyer, with the Division of Procurement and Grant Oversight, will create a purchase order.

Directly related and aligning with the department's selection of a safety model is the court system's shift in culture and practice to focus on safety when making case decisions. Several readiness activities have occurred in an effort to gain judicial input and feedback regarding the department's selection and implementation of a safety model. Those activities include a presentation by Jennifer Renne, coauthor of *Child Safety: A Guide for Judges and Attorneys*, to the court system in Louisville, Kentucky. This presentation on the aforementioned guide was paid for through the Court Improvement Program (CIP) and was completed in conjunction with Judge Patricia Walker-Fitzgerald of Casey Family Programs. Louisville, or Jefferson County, is the largest court jurisdiction in the state and has the highest number of dependency, neglect, and abuse cases of any of the 120 counties within Kentucky. During calendar year 2018, Jefferson County was home to nearly 15% of the total number of intakes that were accepted for investigation in Kentucky. *Child Safety: A Guide for Judges and Attorneys* articulates the new practice protocols for the department and how this will change practice for the court system.

Through AOC, the department, and OLS collaboration, a curriculum and presentation was developed to introduce *Child Safety: A Guide for Judges and Attorneys* to the court system across the state. While this guide is specific to judges and attorneys and therefore is not a safety guide or model that the department can implement, *Child Safety: A Guide for Judges and Attorneys* is the legal community's equivalent of the direction that the department is taking regarding safety practice. This presentation was given in all nine Supreme Court jurisdictions across the state during the annual Kentucky Bar Association Law Updates from August through December 2018. These law updates are attended by a diverse group of attorneys from all facets of practice, including family law. The presentations were given by the same staff from AOC, the department, and OLS to ensure a consistent message was delivered across jurisdictions. Feedback from the court community following the presentation indicated that they were enthusiastic about the shift in safety practice and culture that was presented, but it was noted that it may be difficult to implement as judges can only be as good as the information presented to them in court by the department. This interest, combined with reservation, stresses the importance of a mutual understanding, buy-in, and communication between the court system and department during a culture and practice shift of this magnitude.

Administrative leaders with AOC were present and participated at the state's CFSR final report meeting, have been involved in PIP development, and continue to be involved in stakeholder meetings facilitated by the department. AOC leadership and staff represent CIP regarding court performance measures and facilitate judicial engagement across the state. One of the unique characteristics of Kentucky is that it is a unified court system which provides for consistent messaging and programmatic changes including the Family Court Rules of Procedure and Practice; Dependency, Neglect, and Abuse (DNA) forms; technology; and training opportunities. In anticipation of safety changes needed, AOC, safety

workgroup members, and OLS participated in a review of the AOC court forms and feedback was provided to a workgroup of family court judges. This collaboration will continue as the safety model is selected and modified in Kentucky. Judges from across the state have been engaged and will be invited to participate in DCBS' selection, modification, and implementation of a new safety model.

Strategy 1:
Implement an established safety practice model that incorporates aspects of *Child Safety: A Guide for Judges and Attorneys*, and is supported by a supervisory framework that focuses on key case consultations and work flows.

1) In conjunction with the Center, department staff, and partners with AOC, a review of Kentucky's current policies and practices was performed to identify areas of strength and enhancement needed in the implementation of a strong safety practice in Kentucky. (complete)
2) Through this review, a report will be developed that will show the recommendations for SOP changes to present to leadership. (Q1)
3) In collaboration with leadership in the Northern Bluegrass and Two Rivers Service Regions, the safety workgroup identified and engaged frontline staff and stakeholders to champion change (including court partners—judges, attorneys, guardian ad litems, and CASA). An overview of the strategy and the related PIP goal was discussed with stakeholders, including court partners, to support buy-in and collaboration for implementation. (complete)
4) The safety workgroup will develop a specific plan to ensure clear and concise communication with internal and external partners at regularly established intervals throughout the modification and implementation of the safety model. (Q1)
   - The communication may vary based upon the audience. The audiences receiving communication will include frontline staff, regional leadership, state leadership, other divisional partners, the court system, and other community partners.
   - Communication specific to the court system will be of high importance and will begin with department leadership sharing communication with AOC leadership. AOC leadership will then forward communication to the courts, and the courts will share communications with the court system in their jurisdiction. In tandem, frontline staff will also share communications with the local court system.
   - Communication methods may include email and other media, project meetings, staff meetings, and feedback sessions.
   - Communication may be shared during the various project milestones, to include the initial communication, follow up from focus groups, safety model selection and modification, supervisor guide development, training modification and development, implementation planning, and piloting.
5) The safety workgroup developed a core team steering committee that includes AOC leadership. The core team steering committee participates in monthly phone calls where updates from the workgroup are provided and allows for AOC to provide feedback to the group. (complete)
6) As part of deeper problem exploration, the safety workgroup utilized the Center for support to structure focus groups with frontline staff and supervisors and formulate questions. Focus group data will aid in analysis of supervisory consults at all levels in order to identify what is working and where enhancements are needed to support supervision of safety practice. Project leads, in collaboration with the Center, conducted focus groups in the implementation sites. (complete)

7) In partnership with AOC and in order to gain a deeper understanding of AOC's perceived barriers, the safety leads, the Center staff, and AOC collaborated to hold focus groups for family and district court judges in the implementation sites. These focus groups were structured to garner as much information as possible and may be followed up with surveys and virtual individual meetings if necessary. (complete)

8) The safety workgroup coordinated with the Capacity Building Center for Courts and AOC to solicit input through focus groups with court partners in the enhancement of Kentucky's safety practice. (complete)

9) Steps will be outlined to support implementation of the safety model with judges and attorneys in implementation sites. (Q1)

10) The safety workgroup drafted a report with the results from the focus groups to share with AOC. The report will be shared with judges in the implementation sites through AOC. (Q1)

11) The safety workgroup will work in conjunction with the QA Branch and IQI staff to evaluate data collected from the focus groups and will utilize findings to inform decision making about the selection of a model to purchase that will provide a supervisory framework, safety assessment, and an enhanced safety practice model. (Q1)

12) The safety workgroup, in conjunction with the regional champions, will identify core safety competencies for supervisors and frontline staff and review to ensure alignment with other department initiatives. The development of the competencies will support the safety practice, give structure to training, and provide an evaluation measure to frontline staff and supervisors. (Q1)

13) Department leadership will review the recommendation from the safety workgroup and will procure a safety model that includes training and implementation support. (Q2)

14) The safety workgroup will share the enhanced safety model with the courts to allow for judicial and stakeholder review and feedback. Collaboratively, the department and the courts will incorporate judicial feedback into the enhanced safety model. (Q2)

15) The safety workgroup will share the proposed SOP and practice changes with internal and community stakeholders (the DCBS' Commissioner's Office, OHRM, OLS, additional cabinet leadership, AOC, community stakeholder groups) for feedback and applicability. (Q2)

16) The safety workgroup, department communications representatives, regional quality assurance leads, and central office leadership will begin statewide readiness activities by sharing the enhanced practice with the state. This will include an explanation of the importance of the practice, the anticipated impact for children and families, announcement of identified implementation sites, and the ability to re-evaluate and adjust the practice as needed. (Q2)

17) The safety workgroup, department leadership, and AOC will begin statewide readiness activities with court partners across the state. (Q2)

18) Working in collaboration with the vendor, department staff, the EKU Training Branch, and the Center, the safety workgroup will modify training methodology and curriculum for staff and supervisors as necessary to affirm alignment with Kentucky's practice model and SOP for staff in the implementation regions. The aspects of coaching and supervision will be incorporated into training to ensure the transfer of knowledge into practice and to support a "supervisor as safety monitor" culture. (Q2)

19) In collaboration with the vendor, the QA Branch, and the Center, the safety workgroup will establish a CQI process for evaluating fidelity to the safety practice model incorporating findings from other workgroups and establish evaluation measures. (Q2)

20) The safety workgroup, in conjunction with the vendor, the Center, and the EKU Training Branch, will initiate training with regional champions, supervisors, and staff in the two

implementation sites. The model will be rolled out region-wide, one region at a time in succession. (Q2)

21) The regional champions, working in collaboration with AOC and the EKU Training Branch, will provide training to court partners to include local courts and attorneys and other community stakeholders on the enhanced safety practice. (Specifics of roll-out will be informed by step 4.) (Q2)

22) The safety workgroup and regional champions will conduct fidelity review and evaluation of the enhanced safety model and will adjust as necessary in order to achieve the desired outcomes. (Q3)

23) The safety workgroup and regional champions will review the results of the evaluation to determine the effectiveness of the intervention and share results with leadership and community stakeholders. (Q3)

24) In conjunction with court partners, the safety workgroup will conduct a judicial review of implementation in the two implementation sites to solicit the courts' feedback around effectiveness. (Q3)

25) In partnership with DSR, the safety workgroup and DPP leadership will develop a specific and phased implementation plan for statewide rollout of the safety model to ensure statewide implementation within 18 months following the implementation in the pilot sites. (Q4)

In 2018, the department reorganized the management structure for centralized intake teams across the state. Centralized intake teams consist of those regionally-based staff and supervisors who receive and process intakes of abuse or neglect and determine whether the intakes meet acceptance criteria for investigation or another internal or external department response. Prior to the reorganization, centralized intake teams reported to their respective regional administration. Since the reorganization, these centralized intake teams are still regionally based, however, they are all under one manager within DSR. This reorganization occurred in efforts to increase consistency in the work, communication, and management of these teams. A subgroup of the safety workgroup that includes several of the regionally-based centralized intake supervisors have worked together to develop and begin implementation of the below strategy.

Strategy 2:

Develop a uniform information collection procedure for processing intakes to support child safety and consistent decision making statewide which is aligned with Kentucky's safety practice model.

1) Department staff, in collaboration with the Center, formed a workgroup to review SOP, practices, and state regulations to identify areas of strength and enhancements needed regarding acceptance criteria. (complete)

2) A report will be developed that will show the recommendations for SOP changes to present to leadership. (Q1)

3) The safety workgroup will draft SOP changes around acceptance criteria that coincides with the new safety model and aligns with state regulations. These decisions will be made using the expertise provided by the Center to include scholarly articles, evidence-based practices, and review of other states' policies and procedures. (Q1)

4) The safety workgroup will review the SOP changes around acceptance criteria against the tenets of the established safety practice model that is selected to ensure alignment. (Q1)

5) The safety workgroup will incorporate tools and job aids from the established safety practice model into policies and procedures as applicable. (Q1)

6) The safety workgroup will share proposed SOP and practice changes with internal and community stakeholders (the DCBS' Commissioner's Office, OHRM, OLS, additional cabinet leadership, AOC, community stakeholder's group) for feedback and applicability. (Q1)
7) The safety workgroup will develop an initial and ongoing training methodology and materials for centralized intake staff and supervisors to address acceptance criteria enhancements. Aspects of coaching will be incorporated to ensure the transfer of knowledge into practice through identified competencies in order to create sustainable change. (Q1)
8) The safety workgroup, department communications representatives, regional quality assurance leads, and central office leadership will begin statewide readiness activities by sharing the enhanced practice with the state. This will include an explanation of the importance of the practice, the anticipated impact for children and families, announcement of identified implementation sites, and the ability to re-evaluate and adjust the practice as needed. (Q1)
9) In collaboration with the QA Branch and the Center, the safety workgroup will establish a CQI process for evaluating the effectiveness of the new acceptance criteria SOP and fidelity to the enhanced safety model. (Q2)
10) The safety workgroup and regional champions will review and revise the enhanced SOP and training based on the results of the data evaluation and fidelity measures. (Q3)

D. Service Array

Widespread and increasing substance misuse has negatively impacted the safety and well-being of Kentucky's most vulnerable children and families. Kentucky has struggled with consistently linking families affected by addiction to appropriate and accessible resources, as these services and their availability vary greatly throughout the state. While the department's workforce encounters increasing numbers of and complexity within cases involving substance misuse, lack of available treatment services, especially in rural areas, becomes an overwhelming concern. In addition to lack of services for those dealing with addiction firsthand, those relative caregivers, who often become caregivers for children of these families, may have barriers to accessing services available to foster parents and biological parents. Through strengthening the service array, it is Kentucky's goal to improve and expand substance misuse services and resources available to relatives or fictive kin while supporting attachment and encouraging reunification by utilizing community partners to support visitation between children placed in OOHC and their parents.

CFSR findings indicated that Kentucky was not in substantial conformity and needed improvement regarding well-being outcomes and the array of services available to families. Item 12 (needs and services of children, parents, and foster parents) only had 34% of cases rated as a strength. In addition, the statewide assessment and stakeholder interviews note inconsistencies in services available based upon geographic jurisdiction and extensive waitlists for the increasing issue of substance misuse.

Data from Kentucky's Child Protective Services Fact Sheet indicates that 65.36% of substantiated cases from June 2017 through May 2018 had substance misuse either as a risk factor or a contributor to the abuse or neglect. The CFSR final report's concerns around substance misuse services mimics concerns reported by frontline staff in the service regions in that not all geographic areas have access to substance misuse treatment. In addition, data from county-specific programs such as START and Kentucky Strengthening Ties and Empowering Parents (KSTEP) shows that the timely access to substance misuse treatment leads to better outcomes for families.

Kentucky anticipates that this strategy will have an impact on families involved in child welfare by targeting and improving the services needed by families struggling with substance misuse to increase

the family's capacity to provide a safe and stable home environment. This strategy aligns with various other department initiatives, such as START, KSTEP, and POSC that focus on providing families with timely access to services. It is the intent that this strategy will reduce the wait time for entry into treatment, allowing for treatment and case plans to be completed more quickly and allowing families to safely move out of the child welfare system.

The state will measure the effectiveness of this strategy by continually monitoring achievements made as noted in the regional POSC templates and then reviewing cases as part of the CQI process to ensure changes made via action planning in the POSC template come to fruition on the case level. While Kentucky does not currently capture quantitative data in SACWIS regarding wait time, enrollment, and length of treatment services, there are narrative fields in SACWIS in which staff may capture this information through typical case documentation.

Kentucky will implement this strategy throughout the state in all nine service regions. All service regions are currently engaged in work around the POSC and service provision to pregnant and parenting mothers with substance misuse issues. The service regions will use the POSC template as a platform to enhance service provision to all families experiencing substance misuse issues. Through the implementation of this strategy, each service region will form a unique avenue based upon region-specific needs to develop the community connections to ensure timely access to treatment.

Strategy 1:
Collaborate with community mental health providers and DBHDID to improve quality of substance misuse assessments, ensure timely access to substance misuse treatment, and support expansion of treatment services.

1) The service array group leads communicated with the Branch Manager of DBHDID who is leading the POSC statewide meetings to identify a plan for expanding the scope of the POSC template (by not limiting to pregnant mothers or families) for each service region. (complete)
2) At the service region administrator meeting in June 2018, the service array group leads proposed the development of substance misuse multidisciplinary teams (MDTs) within each region to address each region's substance misuse services. The service array leads explained the intent and expectations of the MDTs. (complete)
3) The Clinical Services Branch will review and revise (as needed) the Community Mental Health Center (CMHC) Referral Form to ensure the form is capturing all necessary information. (Q1)
4) The Clinical Services Branch will share the revised CMHC Referral Form with the CMHC contact in DBHDID to ensure the form captures all necessary information from CMHCs' perspectives. (Q1)
   a. The service array group leads will collaborate with DBHDID regarding the POSC to determine parameters for intake, assessment, and service delivery.
5) The service array group leads and the DBHDID Branch Manager attended the POSC statewide meeting in August 2018. The expanded POSC template was shared and the following was discussed with leadership from each service region: (complete)
   a. Current substance misuse services available.
   b. Work that has already happened or is happening regarding substance misuse services.
   c. Goals for substance misuse services to include exploration of ways to ensure DCBS-referred families are prioritized when referred to services.

d. Action steps for the region to complete prior to the next meeting to include taking expanded POSC form back to respective region to discuss feasibility and suggestions with regional management.

6) The service array group leads and the DBHDID Branch Manager scheduled quarterly POSC meetings to evaluate regional progress and develop continued action steps. (complete)

7) The quality assurance leads for each service region will be responsible for reviewing, monitoring, and providing feedback on the action plans within one month following each quarterly POSC meeting. (Q2)

When children are placed in OOHC, visitation between parents and children is essential to maintaining attachment and increasing parent motivation to achieve case goals. Consistent and frequent contact between parents and children allows for reunification to be achieved more quickly, as parents have increased opportunities to demonstrate the skills and lessons learned during completion of their case plan. Family time is more conducive to reunification when it can occur in a relaxed and comfortable setting. Across the state of Kentucky, there is a lack of safe and secure visitation programs that are accessible for families involved with the child welfare system. The number of children in OOHC continues to increase each year, which creates an increased need for structured and supervised parent-child visitation. Through the implementation of visitation resources and with the help of community partners, Kentucky has an opportunity to create a more diverse and family-friendly avenue for parenting time.

Item 8 of the CFSR examines whether concerted efforts were made to ensure that visitation between children and family members is of sufficient frequency and quality to promote continued attachment with family members. Findings indicated that the state was not in substantial conformity with this item and needed improvement as only 63% of applicable cases were rated as a strength in this area. Frontline staff, who are overwhelmed with home visits, court appearances, and other daily case management tasks spend a tremendous amount of time transporting children and supervising these visits, which often take place in the local offices.

Through the development and implementation of visitation services, the state expects to make an impact on the permanency of children as it will develop a consistent, statewide framework for how community partners, to include faith-based communities, can play an essential role in building visitation programs to benefit these families within the community involved in the child welfare system. Training will be provided for those volunteers from the community who will be supervising visits to ensure consistency and accountability. By utilizing community partners to assist with visitation, the state hopes to strengthen relationships between not only children and parents, but also between the department and community partners. In addition, the state anticipates that by decreasing the number of visitations that frontline staff must supervise, there will also be a decrease in the workload for an overburdened workforce and decrease in cost for these services.

Currently, the Jefferson Service Region and Salt River Trail Service Region have implemented visitation resources through community partners in select counties. Fayette County, the largest county based on population located within the Southern Bluegrass Service Region, was selected as the expansion site for this strategy based upon county readiness and the high number of children in OOHC. The TWS-M302 is a monthly fact sheet that contains permanency data for the prior twelve months such as average months in care for children in OOHC, number of children adopted, and average months in OOHC children for exiting to relative custody or kinship care. This fact sheet compares county-level data to

regional and statewide data. Based upon data from the TWS-M302 dated June 1, 2018, the Southern Bluegrass Service Region has the highest average number of months in OOHC for children who were reunified with their families (13.5 months) compared to all other service regions, indicating that increased quality and frequency of visitation in this area will target the area in greatest need of improvement regarding timely reunification. After implementing this strategy in Fayette County, the state will expand into two other counties with long-term goals of continuing the expansion statewide.

Strategy 2:
Develop and implement visitation resources through relationships with community partners, including faith-based communities, to improve the quality and frequency of parent-child visitation while reducing the workload from department staff.

1) DSR, OLS, DCBS' Commissioner's Office, and the Division of Administration and Financial Management will amend the memorandum of understanding (MOU) between DCBS and the church in the Salt River Trail Service Region to accommodate Fayette County. (Q1)
2) The Division of Administration and Financial Management will develop a standard MOU that will be used in communications with new churches and community partners to expand the service statewide. The MOU template can be utilized for future agreements in other areas. (Q1)
3) The service array group and the EKU Training Branch will replicate the training created for newly recruited visitation aides (those community partners who are supervising and assisting with visitation) within the Salt River Trail Service Region and Jefferson Service Region. A training process will be developed to include components on the following: (Q3)
   a. Visitation aides will be provided with training to ensure that:
      i. Each visitation is evaluated.
      ii. Visitation aides are utilizing a consistent documentation form.
      iii. Visitation aides are properly trained to remain impartial.
   b. Documentation to identify the number of families served, number of individuals served, number of parents that did not attend the visitation and the reason, the parents' experience, and the visitation aide's experience.
4) The service array group will partner with Southern Bluegrass Service Region leadership in Fayette County to design an initial and ongoing recruitment plan for visitation aides. (Q3)
5) The service array group will adapt regional policy to ensure that families with children who have been in OOHC for fifteen months or greater with a goal of reunification are given priority to this service. (Q4)
   a. Policy will reflect decision points (maltreatment type, history, safety factors, and risk factors) to consider on a case-by-case basis for families referred to this service.
   b. Policy will reflect how often the frontline staff must be the person to supervise parent-child visits to allow for continuous assessment and staff engagement with the family.
   c. Policy will reflect expectations of frontline staff to include visitation aides in the visitation planning process. Frontline staff and supervisors will provide the following information to the family and visitation aide during or following the ten-day OOHC case planning conference (SOP 4.17) and ongoing FTMs (SOP 1.7). (Q2)
      i. Visitation aides will be provided with information regarding what to expect during a visit (information obtained from the resource link: https://www.martybeyer.com/content/visit-coaching).
      ii. After completion of fingerprinting and background check processes, the visitation aide will be approved as a supervisor for parent-child visitation.

      iii. In efforts to keep staff engaged and informed on progress during visits, visitation aides will complete documentation outlining events that occurred during the visit and will provide this documentation to frontline staff as specified in training and policy.

6) The service array group will expand the current plan for visitation services to determine how and where to replicate visitation services in two other counties in the state. The Southern Bluegrass Service Region has conducted an initial meeting to begin the process and the Northern Bluegrass Service Region is inquiring on developing the process in one county. (Q5)

7) The service array group will work with leadership in the two identified expansion sites to design recruitment and outreach activities for community organizations and churches. Local colleges and members of community organizations will be considered and approached to become possible visitation resources. (Q6)

As a result of the last CFSR, it was identified that relatives were not consistently assessed for service needs and were not offered appropriate supports to assist with placement stability. In addition, a recent court ruling has prompted Kentucky to begin to provide financial support for children in relative placement that meet identified eligibility requirements. The CFSR and the ruling both highlight a need for a cultural shift in the way Kentucky approaches relative placements. Specifically, a shift needs to occur to view these children as in OOHC cases, rather than in-home cases as currently identified. Within the next few years, the department will continue to work with partnering agencies, such as the Annie E. Casey Foundation, to determine a long-term solution to assist with the process of initial approval and needs assessments, as well as the initial and ongoing safety assessments. Decisions will be made within the next year to assist with developing the long-term solution and will be implemented within the PIP time frame. HB 1, passed during the 2018 session of the Kentucky General Assembly, has also mandated the need for a consistent home evaluation process for public and private foster homes, with the intent to standardize requirements and improve permanency outcomes for all children in OOHC.

Strategy 3:
Ensure that relatives and fictive kin who choose to care for children as temporary or permanent custodians have their needs adequately assessed and addressed.

1) DCBS identified various formal and informal relative and fictive kin placements, resources and services available, current practices, and barriers. (complete)
2) DCBS collaborated with Annie E. Casey by completing focus groups with the following: (complete)
    - Current caregivers, prior caregivers, and caregivers that were ineligible for relative and fictive kin support benefits.
    - DCBS staff to include frontline staff, supervisors, and regional management.
    - AOC.
3) DCBS collaborated with Annie E. Casey by developing surveys that assessed relative and fictive kin practices throughout the state and disseminated to DCBS staff statewide. (complete)
4) Annie E. Casey provided DCBS with an analysis regarding findings from focus groups and surveys. In addition, Annie E. Casey shared strategies developed by other states. (complete)
5) DCBS leadership will review Annie E. Casey recommendations and determine feasibility of implementing recommendations. (Q4)

6) The DCBS Commissioner's Office, utilizing the established project management framework, developed a relative supports workgroup that will consider recommendations from Annie E. Casey. (complete)

E. Continuous Quality Improvement

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

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

Further analysis of Kentucky's CQI system revealed the following:

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

In order to address these needs and concerns in the PIP, Kentucky will focus on building a more robust CQI system by clearly outlining expectations, skills, training, and supports for key CQI activities. Kentucky is also incorporating a new case review process (third-level case review), utilizing the CFSR OSRI, that will support a focus on outcomes for families, evaluate strengths and needs in key practice areas, and integrate the perspectives of children, parents, and foster parents. Kentucky will ensure that these case review data are incorporated into CQI activities to support meaningful ongoing evaluation of practice and outcomes, in addition to monitoring PIP measures. Furthermore, in 2018 the department reorganized the management structure for CQI specialists. Prior to the reorganization, each region's CQI specialist reported to his or her respective regional administration. Since the reorganization, these CQI specialists are still regionally based, however, they are all under one manager within DSR. This reorganization occurred in efforts to increase consistency in the work, communication, and management of CQI specialists across the state.

Strategy 1:
Ensure availability and access to relevant, quality statewide data and clarify roles and expectations in the use of data to support ongoing CQI activities.

1) Ensure access to meaningful reports: The CQI workgroup will partner with The Worker Information System (TWIST) staff to automate evaluation management reports at the regional and statewide levels. The CQI workgroup will enhance the reporting system using the Business

Objects model to ensure drill-down capacity to ensure staff are able to access targeted data. The number of reports will be limited to ensure a consistent focus on the most useful reports. (Q1)

2) Ensure use of reports in management: The CQI workgroup will outline which key management reports will be used to evaluate safety, permanency, and well-being outcomes by supervisors, regional management, and state leadership. A crosswalk will be developed that shows how the data reports evaluate practice expectations and outcomes. Expectations for who is responsible for using the reports and how they will be used as part of CQI processes will also be outlined. (Q2)

3) Ensure data quality: The CQI workgroup will develop a process to monitor data quality for key management reports outlined in step 2. Clarify roles and expectations for who will monitor the data and how they will ensure quality and timely data entry. (Q3)

   a. The TWIST management reports team will work to create a management report(s) to identify and monitor shortfalls in TWIST data entry.
   b. Evaluate the newly created management report quarterly during TWIST management reports conference calls.

Strategy 2:
Implement a consistent structure and process for CQI meetings and communication statewide.

1) DSR will develop the capacity of CQI specialists through ongoing training and support, and ensure consistency in their job functions: (Q2)
   a. Utilize Developing a Curriculum (DACUM) occupational analysis for CQI specialists as part of the evaluation. Develop job descriptions for CQI specialists that outline duties and skills needed.
   b. Develop a procedures and training manual for CQI specialists.
   c. Provide training to CQI specialists to accomplish their job duties as outlined.

2) Ensure that CQI is embedded into the culture of the department through key messaging and active support by leadership: (Q2)
   a. The Commissioner's Office and DSR will co-develop mission and value statements around the use of qualitative and quantitative data to improve outcomes. DSR will be responsible for ongoing messaging to the service regions.
   b. The Commissioner's Office will implement monthly communication with the field to support ongoing, open communication to and from the field.

3) DSR and DPP will develop new SOP that outlines how Kentucky's CQI system functions: role of CQI specialists and leadership (DSR and DPP); teaming structure (local, regional, state); key activities for teams; data sources (first, second, and third-level case reviews as well as aggregate data); use of data sources; feedback loops; community stakeholder involvement; and action planning. SOP will be used as a foundation for the development of CQI training. SOP will incorporate key messaging from activity 2 that supports development of CQI culture within the Kentucky system. (Q3)
   a. The statewide CQI team will be strengthened to ensure that training partners are effectively engaged in quarterly meetings and that CQI data is used to inform the ongoing development and refinement of training content and delivery. This expectation will be outlined in SOP.
   b. SOP will be drafted, approved, and distributed statewide.

c. The CQI training plan will be developed by the EKU Training Branch and the CQI workgroup (this includes updating initial new worker academy training with new SOP and developing ongoing training for current frontline staff).
d. CQI training will be conducted statewide through DSR, DPP and CQI specialists.
4) Ensure ongoing evaluation of CQI functioning: (Q3)
a. DSR will monitor the content of the CQI team minutes to ensure that the teaming process is functioning (data is being used adequately and action plans are targeted appropriately). Training and coaching will be provided as needed to support improvement and consistency in CQI process across teams.
b. Utilize the Employee Engagement Survey in evaluating CQI functioning: The CQI workgroup will review the current survey and make necessary revisions prior to fall 2018 distribution to ensure the survey captures employee's perspectives of CQI functioning. Fall 2018 data will be used as a baseline.

F. Permanency

For round three of the CFSR, the Children's Bureau evaluates states' effectiveness in achieving timely permanency using data indicators that focus on three groups: youth entering care, youth that have been in care 12-23 months, and youth that have been in care 24 months and greater. While Kentucky continues to be above the national standard for the first and third indicators, Kentucky's observed performance on permanency within twelve months for youth that have been in care 12-23 months was, and continues to be, below the national standard. Statewide, there was a downward trend for permanency in twelve months for children in care 12-23 months for April 2017 through January 2018 from 31.5% to 28.8%. The national standard is 43.6%. Kentucky has used the federal syntax to develop management reports that replicate the logic used to evaluate the timeliness of achieving permanency as aforementioned. Regionally, percentages range from a minimum of 19.5% to a maximum of 48.5%.

Prior to the development of the below three strategies and in order to take a deeper look at Kentucky's data regarding permanency in twelve months for youth in care for 12-23 months, the permanency workgroup partnered with the Center, IQI, the Adoptions Branch, the OOHC Branch, and regional permanency staff to complete a permanency data analysis during the spring of 2018. The data analysis included quantitative data obtained from the department's management reports and SACWIS, as well as data obtained through informal interviews with permanency staff in each service region regarding dedicated staff positions, regional processes to oversee permanency progress, tracking tools, and self-reported barriers. Highlights of the data analysis are captured below:
- The Eastern Mountain Service Region was the only service region with an observed performance above the national standard regarding permanency for youth in care 12-23 months.
- Four of nine service regions showed a positive or favorable trend over the past year. They were the Eastern Mountain, Northeastern, Cumberland, and Two Rivers Service Regions.
- The most recent data at the time of the analysis indicated that youth in care 12-23 months that exited to permanency within twelve months were more likely to exit to adoption when younger than four years old and more likely to exit to reunification with parents or primary caretaker(s) when age thirteen or older.
- Regionally, point-in-time data indicated a significant relationship between service region and youth in care greater than twelve months, 12-23 months, and 24 months and greater.
- There was no significant difference identified in age group, youth in care 12-15 months, and youth in care 16-23 months.

- Salt River Trail and Southern Bluegrass Service Regions had a disproportionate amount of youth in care 12-15 months, although Southern Bluegrass' proportions were very close and more similar to other regions' breakout.
- The majority of youth in care 12-15 months had permanency goals of return to parent (76%) and adoption (19%).
- The majority of youth in care 16-23 months also had permanency goals of return to parent (51.2%) and adoption (43.6%).
- Re-entry is a companion measure for timeliness of permanency. The department's management reports indicated that five of nine service regions had re-entry rates above the national standard. They were the Eastern Mountain, Northern Bluegrass, Southern Bluegrass, Cumberland, and Two Rivers Service Regions. Four of these five service regions showed a positive trend over the past year regarding permanency in twelve months for youth in care 12-23 months, indicating that while there have been improvements to reaching permanency timely for children in care 12-23 months, most of these same regions had higher re-entry rates compared to other service regions.
- The number of dedicated permanency staff positions, regional processes to oversee permanency progress, and tracking tools used vary greatly among the regions. Commonly reported barriers included both internal staff and attorney vacancies, delays in DSS-161 packet completion (documentation required to file for an involuntary termination of parental rights), and delays in presentation summary packet completion.

As part of child welfare transformation efforts, SOP has been implemented that decreases the amount of documentation that staff are required to collect for the presentation summary packet. Prior to the implementation of the updated SOP, staff were required to request documentation from the foster parents specific to the child, and in turn this same information was given back to the foster parents when they adopted the child. SOP was changed regarding instances when the child has maintained the same foster home placement for twelve months or longer and the foster parent is adopting the child, or instances when the child is less than 12 months of age, has maintained the same foster home placement, and the foster parent plans to adopt the child. In these scenarios, certain documentation is no longer required for the presentation summary in order to streamline the process and improve the timeliness to permanency. Additionally, language was added to the SOP to promote continued quality assurance in the presentation summary packets.

In an effort to develop a holistic approach to addressing permanency issues within this population, the department has collaborated with two key community partners at the state level who hold essential roles in the permanency process: AOC and OLS. Frontline and regional staff will build upon existing, multi-disciplinary relationships within jurisdictions and communities to implement strategy 1 below. While each of the department's local offices have a unique and varied relationship with the court system, those relationships exist nonetheless. Some counties participate in pre-existing processes such as multi-disciplinary team meetings in which frontline staff meet with law enforcement, the school system, crime victim advocates, prosecutors, and other court personnel regarding the status and steps needed regarding child sexual abuse investigations on a monthly basis. Other counties may have individual staff who act as a liaison between the department and the courts. These existing relationships will allow frontline staff to work in conjunction with familiar community partners and build upon these relationships in order to identify, address, and communicate permanency practices in a collaborative manner. As barriers to permanency occur at various stages and for multiple reasons throughout the life of a case, the department obtained approval and commitment from these state-level partners to implement this strategy as a united front, rather than addressing barriers individually.

Multiple meetings between department leadership, AOC, and OLS have taken place to determine the course of action outlined in strategy 1 below.

The department began the implementation of permanency strategy 1 in September 2018. The information gathered from the service regions during the permanency data analysis helped to guide the template used for the calls. In August 2018, the responses were sent back out to the regions to inquire whether any information had changed. Emphasis was made on the use of data to drive practice. Specifically, the regions were encouraged to be knowledgeable of where the youth in the region were within OOHC process, reasons why those youth were lingering in OOHC, and what is needed to move those youth to permanency. The TWS-202 management report contains a listing of children who have a permanency goal of adoption. As outlined in step 2b below, prior work was completed with Office of Administrative and Technology Services (OATS) to create a crosswalk between the SACWIS and the TWS-202 management report to assist with permanency tracking. In addition, in August 2018 the service regions were asked to identify points of contact within the service region to communicate with the court system within their respective jurisdictions. The intent is to share data related to trends affecting permanency. Currently, the TWS-M302 management report, which contains permanency-related data, is being shared with AOC. The department intends to educate regional specialists on the TWS-M302 management report so meaningful conversation can occur in each jurisdiction related to the data as well as other trends identified within the jurisdictions.

Between May 2018 and October 2018, the number of youth in OOHC increased by 604 children (May-9,287; October-9,891). However, beginning in November 2018, the number of youth in OOHC decreased for three consecutive months. Although the number of youth in OOHC increased between January 2019 (9,705) and February of 2019 (9,810), the number of youth in care is still less than it was in October 2018, which shows progress in moving children towards permanency. While the regions are now consistently utilizing the same data, the barriers vary. Therefore, the strategies for tracking and implementing best practices also vary. Below are examples of the qualitative data and methods to address permanency-related barriers that has been gathered from each region. Case-specific concerns and barriers to permanency are identified and addressed through mentoring and case consultation by the supervisor and regional consultation. When systemic issues arise, central office staff assist, to include engaging AOC and OLS on the statewide level. Within each region, case-level review and consultation are occurring to identify case-specific barriers. The information gathered from these case-level reviews also help identify systemic issues. Systemic issues are shared with regional and central office leadership who then develop action plans to address and remove barriers. Below are details regarding measures each service region has put in place to expedite permanency:

- Cumberland Service Region: Data is being entered at the pre-permanency conference, and the TWS-202 management report is being reviewed during clinical supervision. The region is holding permanency roundtables, which begin when a child has been in OOHC for five months. Each OOHC case is being reviewed twice per year during the roundtables. Specialists are following up on all action plans developed. This allows for coaching and mentoring with the frontline staff and supervisor.
- Eastern Mountain Service Region: The Eastern Mountain Service Region has approximately forty cases with children in OOHC twelve months or more. The region has hand counted these cases and found that only ten of these cases have a permanency goal of return to parent. The region has asked staff to update permanency goals within SACWIS. The region has requested that two administrative specialists begin gathering records for DSS-161 packets after youth have been OOHC for ninety days. This will expedite permanency in the event that a child moves toward

adoption. The region has incorporated case consultations for children placed in OOHC at the following intervals in the life of a case: two-week case consultation, ninety-day case consultation, and quarterly case consultation or "Adoption and Safe Families Act (ASFA) meetings." Pre-permanency consultations are incorporated into the quarterly regional ASFA meetings. Regional ASFA meetings also include child focused recruitment model (CFRM) recruiters, independent living specialists, and OLS. These consultations allow the region to identify barriers to permanency and offer mentoring to the supervisor and frontline staff.

- Jefferson Service Region: The Jefferson Service Region has identified the barrier of tracking and identifying cases that are appropriate for goal changes to adoption due to a lack of consultation. The regional associates are reaching out to the supervisors regarding these cases. There will also be a meeting with regional specialists to discuss what areas need to be focused on during OOHC case consultations. The region has been able to reduce past due DSS-161 packets, which is expediting the process for OLS in filing petitions for termination of parental rights to the courts. There has been increased communication with OLS. The region has 74 presentation summary packets that have been completed, but are not entered into SACWIS. This is another identified barrier for this region. The region is requesting that administrative staff have SACWIS data entry access to assist with this work. The Adoptions Branch Manager is assisting by advocating that staff gain access to provide this administrative support. The region has also identified a delay in adoption dates being scheduled on the court dockets. In an effort to resolve this barrier, in conjunction with AOC and OLS, this issue has been brought to the attention of OLS at the statewide level and will be added to the next meeting agenda with AOC at the statewide level.
- Northeastern Service Region: There are 119 children who have been in OOHC for twelve months or more with a goal of return to parent. Termination of parental rights dates have not been entered into SACWIS and there has been some confusion about how the region has been counting past due presentation summary packets (case level versus child level). There has been discussion about when the adoptive placement agreements (APAs) and adoption referrals should be entered into SACWIS. Central office staff have provided further guidance regarding the data to the region in addition to the monthly call. Contract staff have been helpful with the completion of presentation summary packets. The region is also hiring an administrative assistant to assist with this work.
- Southern Bluegrass Service Region: The Southern Bluegrass Service Region has developed the "Road to Permanency" protocol. This protocol identifies key points in time where staff within the region should be engaging families regarding particular areas that impact permanency. The discussion is around the permanency process as a whole, from investigation through permanency. Particular discussion is held around engagement with CFRM recruiters regarding assistance with presentation summary packet completion. The region has also developed a placement disruption committee. The region has implemented a new process utilizing social service specialists to ensure consistency in consultation and tracking. The region reported that the rural counties have no way of knowing the number of past due DSS-161 packets. By having the social service specialist attend pre-permanency conferences and completing consultations for the rural counties, this information can be tracked and can be available in the future. The region will be working with OLS on developing a system for OLS to provide notification of termination of parental rights appeals. OLS participates in the calls. The clinical associate plans to work with recruitment and certification (R&C) supervisors to track APAs to identify any trends in delays from the time the contract is signed to adoption finalization.
- Two Rivers Service Region: The clinical associate in this region had discussion at the last regional supervisor meeting about the need to create agency cases timely so that APAs can be entered

into the cases. This will address delays in case transfers. There is a judge in this region who does not want to grant adoptions due to issues with the putative father registry. This issue has been brought to the attention of OLS at the regional and statewide level and has been communicated to AOC. The region is now assigning a permanency team staff for DSS-161 packet completion and the permanency team staff carries the case through adoption. This is a change for the region and there is no longer a switch in case management throughout the life of the case. This ensures continuity for the child and family from the point of goal change until adoption finalization.

- <u>Salt River Trail Service Region</u>: The Salt River Trail Service Region continues to work on data entry. DSS-161 packet completion continues to be an area of focus. The region has increased communication with OLS. They are mirroring their regional structure similarly to that of the Northern Bluegrass Service Region, which is a new process to focus on improving timely permanency. Three permanency clinicians have been hired and their primary focus will be DSS-161 packet completion. These individuals began their job duties in February 2019. Thirty-eight presentation summary packets have been approved from October 2018 through January 2019.

- <u>Northern Bluegrass Service Region</u>: The region has developed a monthly "OOHC retreat" where every case will be reviewed that has a child who has been in OOHC for fifteen months or more and a permanency goal of return to parent. In addition, cases will also be reviewed that have a child who has been in OOHC for twelve months or more with a permanency goal of adoption. The region has identified potential improvements to management reports that will help with permanency tracking. The region has found that the TWS-058 management report, which contains a listing of children who are placed in OOHC, does not contain the adoptive parent's termination of parental rights date, while the TWS-202 management report does contain the date. The TWS-058 management report does not specify if the case is an agency case or request case, which is a concern for the region. The region explained that it would be helpful if this information could be collected on these reports. Central office staff will research this further. The region is working to correct the children's case plan goals in SACWIS to reflect the accurate goal. Administrative staff are helping with data entry. The region has hand counted cases and found the data on the TWS-202 management report is currently inaccurate. The region is adding additional staff supports to ensure presentation summary packets are completed within timeframes. CFRM recruiters are assisting with presentation summaries and are currently working on 22 as of January 2019. This region has three permanency specialists and three permanency clinicians. The permanency clinicians will be paired with a supervisor at the ten-day case conference and will start gathering records for the case at that time.

- <u>The Lakes Service Region</u>: The Lakes Service Region is focusing on reducing the number of children who have been in OOHC for twelve months or longer. From December 2018 to January 2019 there was a decrease of thirty cases. In February and March 2019, each team will be visited by the regional associate and permanency specialist to discuss the importance of having the correct permanency plan goal in SACWIS and ensuring cases have ASFA exceptions. The region has developed a plan to prioritize consultations where kids have been in care the longest. Cases continue to be reviewed by the OOHC specialist at three months in OOHC and all cases are reviewed during the pre-permanency conference between eight and nine months.

Strategy 1:
Develop and implement a statewide CQI permanency review process that includes both AOC and OLS and focuses on children who have been in care 12-23 months.

1) The OOHC Branch, the Adoption Branch, IQI, and CQI specialists will provide data to regional staff on a monthly basis regarding the population of children who have been in care 12-23 months and have not yet achieved permanency. These data will be provided to AOC and OLS on a quarterly basis. These data will assist with identifying regional strategies to overcome barriers to permanency. Data sharing with AOC and OLS will occur at the state or central office level, regional office level, and local office level depending on the permanency trends and outcomes identified. (Q1)

2) DSR and DPP staff will develop a regional structure (committee or group, hereinafter referred to as "regional CQI group") for the review of data and development of targeted strategies that will be monitored and supported by central office. The regional CQI group will initially participate in biweekly phone calls with central office and will transition to monthly phone calls upon further implementation. The following will be discussed on the calls: regional trends; barriers to permanency; systemic issues to be shared with the Commissioner's office, Director's office, state-level AOC contacts, state-level OLS contacts; and case-specific consultation, as necessary (more specifically, the information that is captured in steps 3 and 4 below). This same process will be implemented from the regional office level to the local office level to address local issues impeding permanency. (Q1)

   a. IQI will provide CQI specialists with data from the TWS-058 and TWS-202 management reports to document and operationalize strategies related to the following key permanency indicators. CQI specialists will forward these data to regional staff. These data will include, but are not limited to:
      - Youth in care greater than twelve months with a goal of return to parent;
      - Youth with a goal of adoption who do not have a DSS-161 packet completed;
      - Youth with a goal of adoption who have a completed DSS-161 packet, however, a petition for termination of parental rights has not been filed;
      - Youth with a completed termination of parental rights hearing, however, there is no termination of parental rights judgement date;
      - Youth with a completed and approved presentation summary packet after the termination of parental rights judgement; and
      - Youth who have been placed in an adoptive home with a signed APA and timeliness to adoption finalization.

   b. Central office staff from the OOHC and Adoption Branches will partner with OATS to develop a TWS-202 management report and SACWIS crosswalk to assist staff with familiarizing themselves with the report.

   c. The regional CQI groups will submit communication plans to central office staff on the OOHC and Adoptions Branches outlining the following information:
      - For each county within the region, the point of contact from the court; the frequency and method of sharing permanency data, systemic trends, and barriers with the point of contact; and if there are multiple judges within one county where there is only one point of contact, a plan for how the above data will be disseminated to all judges within the county.
      - The person responsible for sharing permanency data with the regional attorney with OLS, and the frequency and method of sharing this information.
      - The person identified from the regional CQI group who will share the communication plan and will be the point of contact for central office staff, state-level AOC contacts, and state-level OLS contacts.

      d.   Central office staff on the OOHC and Adoption Branches will provide the communication plans to state-level AOC and OLS contacts to allow for collaboration and strategic planning should barriers arise within a specific jurisdiction or region.

3) For children in care 12-23 months with a goal of return to parent, regional CQI groups will identify and address barriers for achieving reunification. (Q2)

    a.   Identify barriers utilizing quantitative and qualitative data, if necessary. Questions for consideration include:
- What safety threats still exist that prevent safe reunification?
- Can children be reunified safely with services or a safety plan in place?
- Have reasonable efforts been made to provide services to parents?
- Are needed services available?
- Is an appropriate visitation plan in place to support reunification?
- Are there any court delays impacting permanency?

    b.   Develop and implement strategies for addressing identified barriers. AOC and OLS will be engaged in strategy development at the regional and local level as appropriate.

    c.   Ensure a process for ongoing evaluation of the effectiveness of the strategies, including accountability and support through central office and sharing successes with local DCBS offices.

4) For children in care 12-23 months with a goal of adoption, regional CQI groups will identify and address barriers in achieving timely termination of parental rights. (Q2)

    a.   Identify barriers. Questions for consideration include:
- How long does it take the department to file a termination of parental rights?
- How is that process monitored?
- Once filed, what is the process?
- What percentage are appealed?
- What are the barriers in that process?

    b.   Develop and implement strategies for addressing the identified barriers. AOC and OLS will be engaged in strategy development at the regional and local level as appropriate.

    c.   Ensure a process for ongoing evaluation of the effectiveness of the strategies, including accountability and support through central office and sharing successes with local DCBS offices.

5) For children in care 12-23 months with a goal of adoption, regional CQI groups will identify and address barriers for achieving timely adoption for legally free children. (Q2)

    a.   Identify barriers. Questions for consideration include:
- How are adoption hearings scheduled?
- Are existing periodic reviews and permanency hearings used effectively to expedite adoptions?
- Are there delays in other aspects of the process – home studies, paperwork, etc.?)
- Have child-specific recruitment efforts been made if an adoptive home has not been identified?

    b.   Develop and implement strategies for addressing identified barriers. AOC and OLS will be engaged in strategy development at the regional and local level as appropriate.

    c.   Ensure a process for ongoing evaluation of the effectiveness of the strategies, including accountability and support through central office and sharing successes with local DCBS offices.

6) Regional CQI groups will communicate local and regional progress and outcomes with local and regional AOC and OLS points of contact on a quarterly basis. Central office staff will communicate statewide progress and outcomes with statewide AOC and OLS points of contact on a quarterly basis. (Q3)

CFSR item 4 looks at stability of placements for children in OOHC. Kentucky's 2016 results determined that this is an area needing improvement, as only 68% of cases were rated as a strength. Failure to assess and provide needed services to caregivers ultimately leads to instability in placements. Lack of stability in placement, in turn, can lead to barriers in permanency and well-being for children in care. Kentucky has developed the following strategy to address stability concerns.

Strategy 2:
Develop and implement a CQI placement stability review process in two service regions that includes community partners (foster parents, private providers, etc.).

1) The permanency workgroup will collaborate with DSR and the child welfare transformation workgroup that is tasked with developing a placement disruption protocol to identify two service regions to implement this strategy. This strategy will be integrated into the work completed by the child welfare transformation workgroup. (Q1)
2) CQI specialists, with central office assistance as needed, will provide the two regions with placement stability reports. (Q1)
3) DSR and DPP staff will develop a regional structure for the review of placement stability data and development of targeted strategies that will be monitored and supported by central office. (Q2)
4) Regional CQI groups will conduct analysis of stability reports (identify trends by age, placement type, etc.) to identify key reasons for instability, key populations for targeted strategies, etc. Additional data from Murray State University and the Children's Review Program will be gathered to inform analysis. (Q3)
5) The regional committees developed in step 3 will identify placement resource needs in each of the two regions to inform targeted recruitment activities and ongoing case management if needed. (Q4)
6) The regional committees will develop and implement strategies to improve stability. Community partners will be engaged in strategy development as appropriate. (Q5)
7) The regional committees will develop a process for ongoing evaluation of the effectiveness of the strategies, to include accountability and support through central office. (Q5)

During the 2018 legislative session of the Kentucky General Assembly, HB 1 was enacted, and it included statutory changes regarding the child welfare system. HB 1 represents the most sweeping legislation in at least two decades to support Kentucky's child welfare system, with particular emphasis on children's timely permanency in safe and nurturing homes. The legislation better ensures children in care receive the utmost attention from all systems impacting their lives, and key actions and decisions concerning their attachments and living arrangements are on specified timelines. Some of the major policy pieces as a result of HB 1 include the development of a putative father registry, the reorganization of the Ombudsman's Office, the enhanced profile of Citizen Foster Care Review Boards (CFCRB), and of particular importance to the department and AOC—new bases and timeframes for court proceedings for children placed in OOHC. Kentucky Revised Statute (KRS) 620.180, as amended by HB 1, mandates more intensive case reviews of children in care (at six months following entry into OOHC and every cumulative three months thereafter) and a petition for termination of parental rights if the child has been in care for a total of fifteen cumulative months out of 48 months.

AOC has communicated changes as a result of HB 1 to the court community through various means. Dependency, neglect, and abuse training has been completed with court-appointed attorneys and guardian ad litems. A training regarding the changes was completed for all of the family court judges in Jefferson County and at the family law conference, which was attended by family court and district court judges and their staff, in 2018. A webinar was created for court community distribution and changes have been incorporated into court forms. DCBS leadership also assisted AOC with training CFCRB volunteers on the legislative changes in HB 1.

In January of 2019, the requirement regarding more frequent court case reviews became effective. After the six-month review, the department must submit a case review report to the court every three months. The court has discretion whether an official hearing to review the case is conducted subsequent to the department's submission of the case review report. Since this will be different amongst jurisdictions, determining which courts conduct an official hearing, how the reports are being submitted to the court, and the effectiveness of each type of review on decreasing time in care is paramount.

The statutory changes create another layer of accountability for both the department and the courts, and the intent of the increased reviews is to lessen the amount of time a child spends in OOHC. Department leadership participates in previously established and regularly scheduled meetings that include the Chief Justice, AOC, and the Department of Juvenile Justice (DJJ) in addition to various other meetings between the department and AOC such as state and regional interagency councils; relationships between the department, regions, and court system will only be further strengthened and reinforced by the collaborative nature of this project. The steps are outlined in strategy 3 regarding how the department and the courts will collaborate to ensure that these reviews are having the desired positive outcome.

Strategy 3:

In conjunction with AOC, monitor the effectiveness of three-month case reviews (mandated by HB 1).

1) DCBS and AOC will identify two court jurisdictions that have implemented the reviews via in-person hearing and control jurisdictions that have chosen to review the cases outside of the courtroom to track data and outcomes. (Q3)
   a. Determine the process for each court regarding how case review reports are received.
   b. Determine whether courts are reviewing cases by holding a hearing or not.
2) DCBS and AOC will develop and implement a data collection and review process. (Q4)
   a. Determine how existing SACWIS and KyCourts data can be used to track the impact of the three-month case reviews.
   b. Compare data from different jurisdictions, specifically tracking the difference in outcomes between courts who conduct hearings and those that review the cases in alternative ways.
3) Ensure that the following CQI process will be followed if an issue arises or a barrier is identified in a specific court or jurisdiction: (Q4)
   a. The service region administrator will meet with a representative of the court to discuss the issues that have been determined based on data outcomes.
   b. The service region administrator will reach out through leadership to contact AOC leadership and determine the best course of action for solutions to the barriers that

have arisen and cannot be resolved through engagement with the court representative.

4) Data and outcomes will be shared with other jurisdictions so that the judge and court system can determine whether they would like to alter their procedures surrounding three-month reviews based on implementation site outcomes. (Q5)

5) Data and outcomes will be shared with department leadership and other regions so that changes in the way that case review reports are shared can be made in coordination with AOC to increase successes and timeliness to permanency. (Q5)

6) The language of KRS 620.180(2), as amended by HB 1, and SOP will be reviewed upon the conclusion of this strategy. (Q8)