Child Abuse and Neglect Annual Report of Child Fatalities and Near Fatalities

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Division of Protection and Permanency

Department for Community Based Services

Cabinet for Health and Family Services

September 1, 2023

TEAM KENTUCKY

CABINET FOR HEALTH AND FAMILY SERVICES

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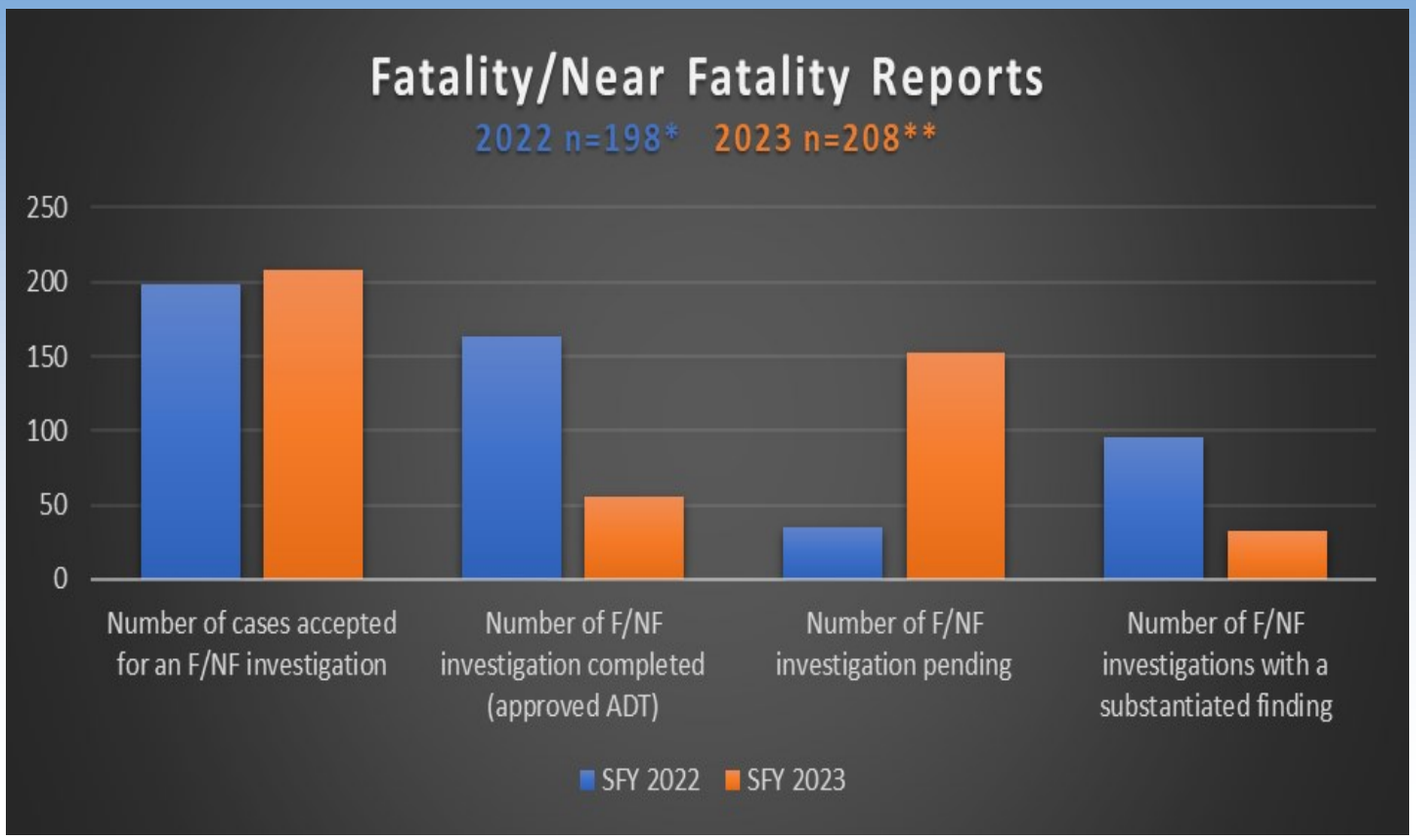
In accordance with KRS 620.050(12)(c), the Cabinet for Health and Family Services (CHFS/cabinet), Department for Community Based Services (DCBS/ department) is required to submit an annual report of child abuse and neglect fatalities and near fatalities. A near fatality is defined by KRS 600.020(40) as, "an injury that, as certified by a physician, places a child in serious or critical condition". This report provides insights into the demographics of the children who were the victims of abusive or neglectful deaths and near deaths, as well as the circumstances around these events.

The report is organized into five sections. Historical data in this report spans five state fiscal years (SFYs) and includes only child abuse and neglect fatalities and near fatalities.

"Childhood should be carefree, playing in the sun; not living a nightmare in the darkness of the soul."

-Dave Pelzer, A Child Called "IT"

Section I: Comparative Referral Data



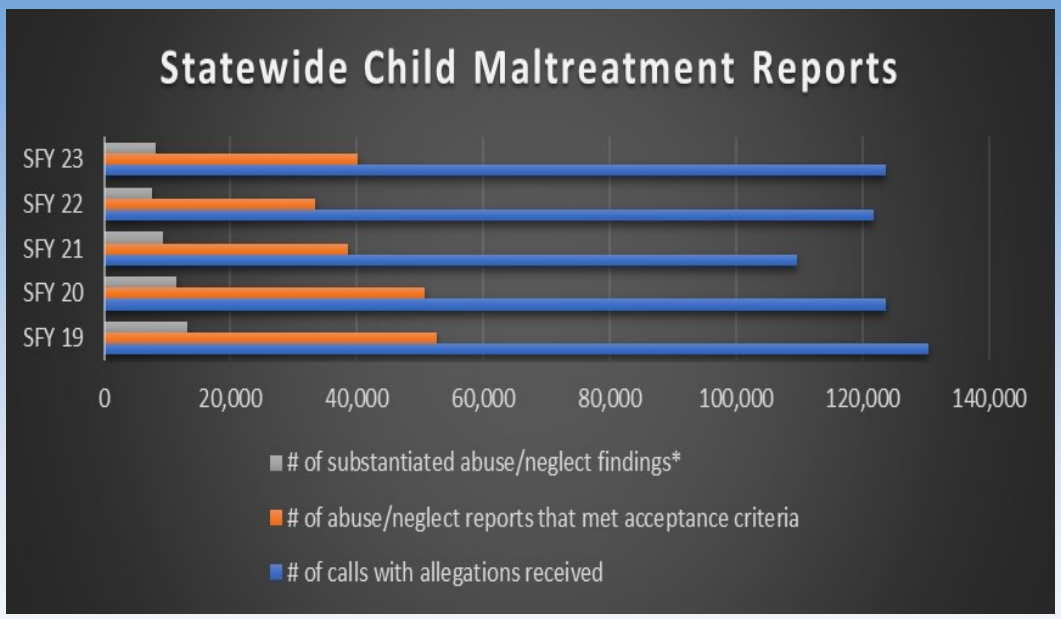
The graph above illustrates data from all investigations from SFY 22 and 23 completed and pending at the time of this report. The large number of pending investigations can be attributed to the complex nature of the work and ongoing staffing shortages for specialized teams that handle these types of investigations.

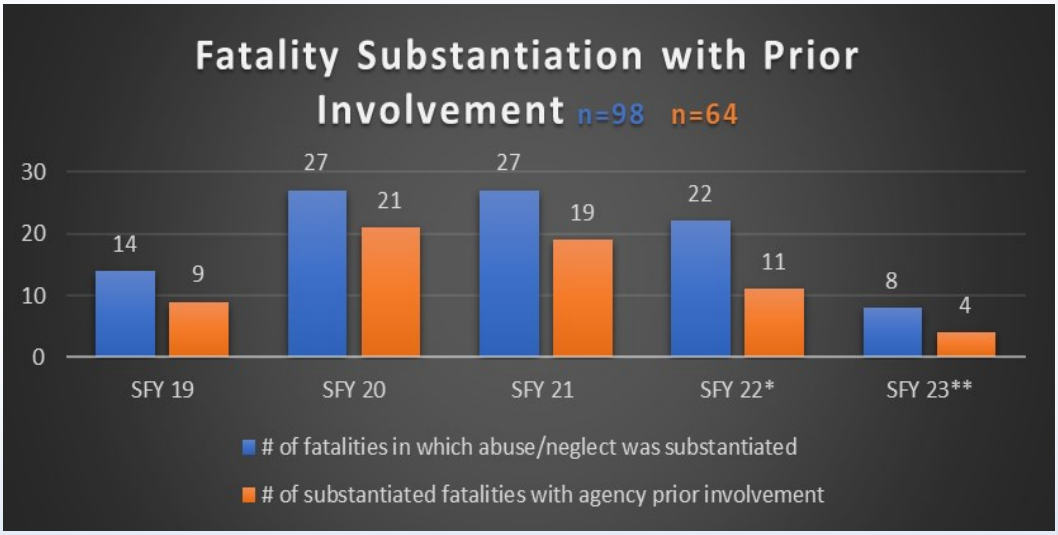
* Indicates adjustment to the number of substantiations from the prior year's report due to completed investigations.

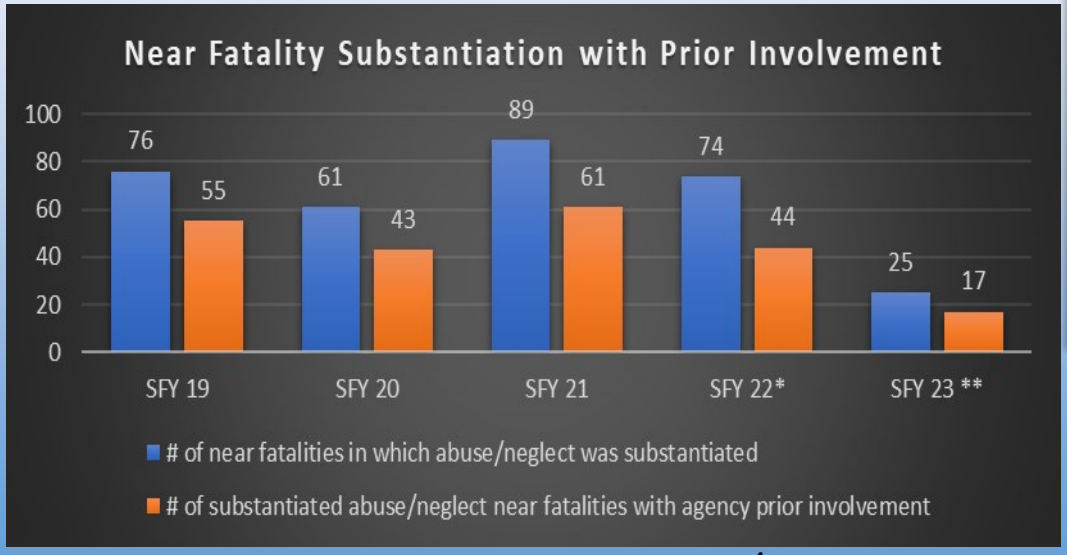
** Indicates that this number will change in the next year's submission as the data is not complete due to pending investigations.

There is extensive work required in fatality and near fatality investigations of child maltreatment. These are conducted jointly with law enforcement, require records collection, and collaboration with other agencies, such as a pediatric protection specialists and the medical examiners office. This collaboration takes additional time, which contributes to delays in finalization of some investigations.

The data indicates a high volume of calls received in SFY 2019. This increase is reflected in corresponding increases in reports that met acceptance criteria and substantiated referrals during the same time period. The total number of reports received decreased in SFYs 2019, 2020, and significantly in 2021. There was another significant increase in SFY 2022 and a further increase in SFY 2023.







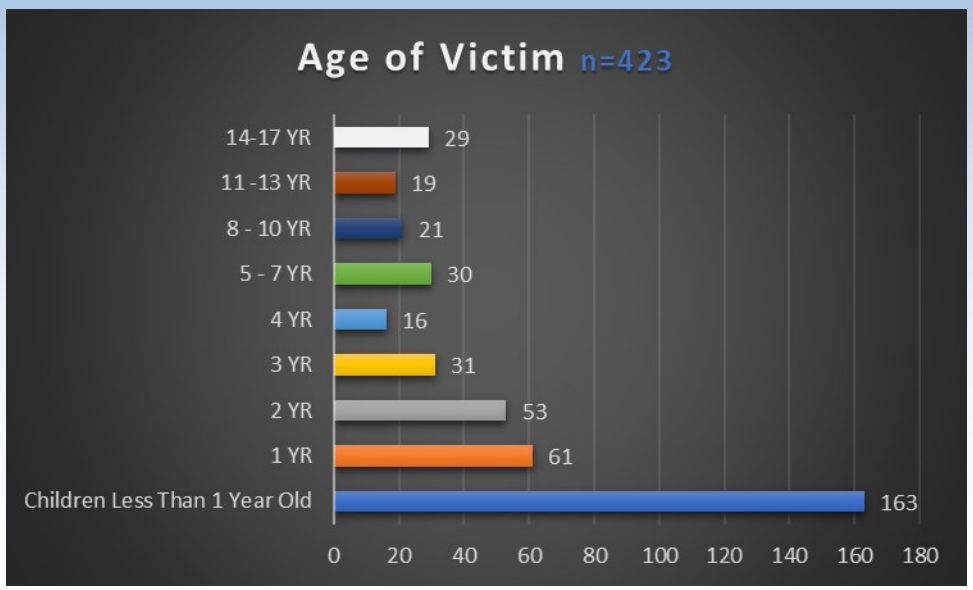
There was an increase in substantiated fatalities in SFY 2020, SFY 2021, and SFY 2022. There was also an increase in the number of fatality and near fatality reports accepted for investigation during these years. Due to limits of the SFY 2023 data currently available, it is unknown if this is a continuing trend. It is also unknown if the COVID-19 pandemic might have contributed to the increase of reports. The state continues to experience a shortage of affordable housing, limits to available childcare, and economic changes, which may be contributing to this increase.

* Indicates adjustment to the number of substantiations from the prior year's report due to completed investigations.

**Indicates incomplete data due to pending investigations.

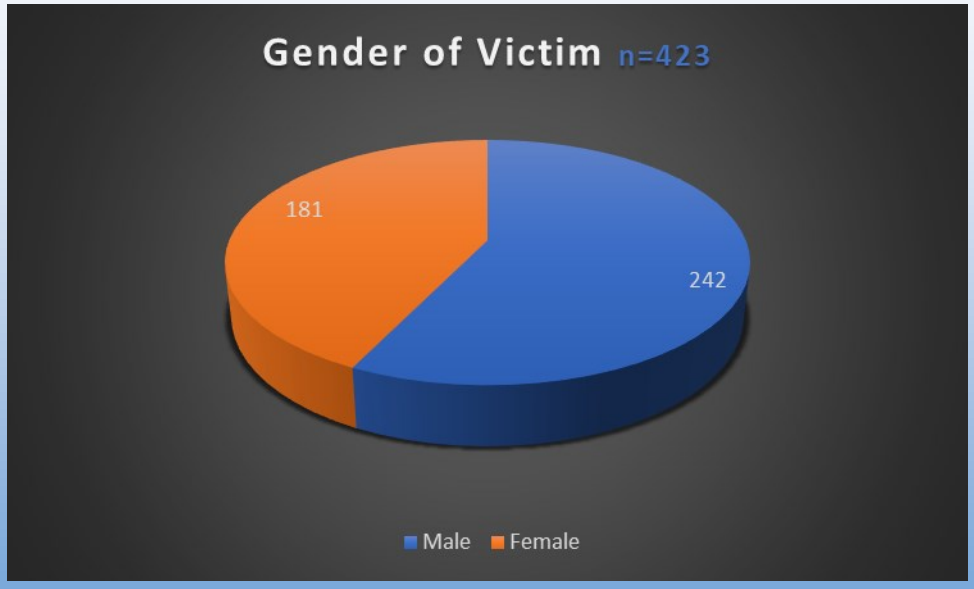
Section II: Child Demographics

The data represented below is from SFY 2019 to SFY 2023



Children age three and under comprise approximately 73% of all fatal and near fatal victims, with children one and under representing the majority of victims.

The majority of the F/NF victims in the data set were male. This is consistent with data reported in previous years.

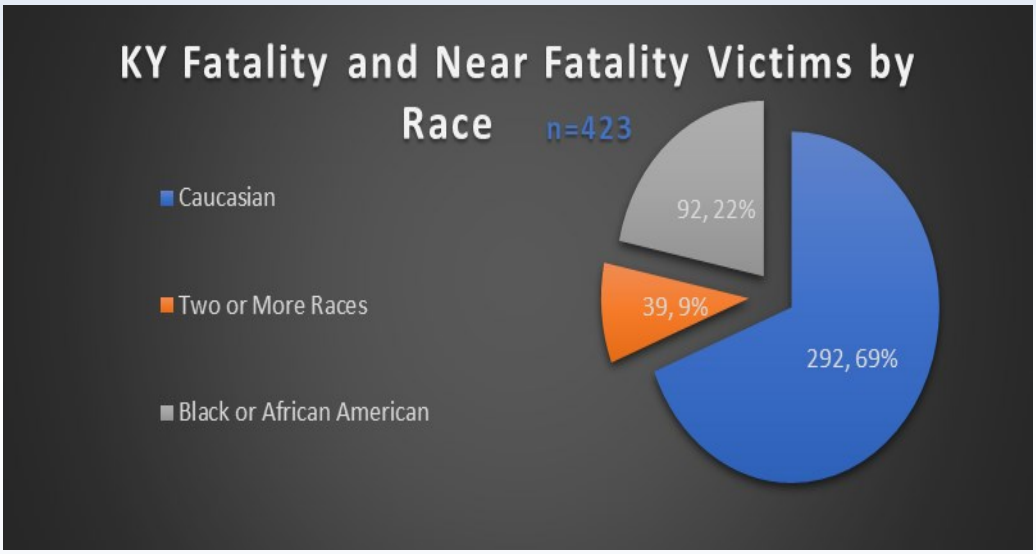


KY US Census Data 2020

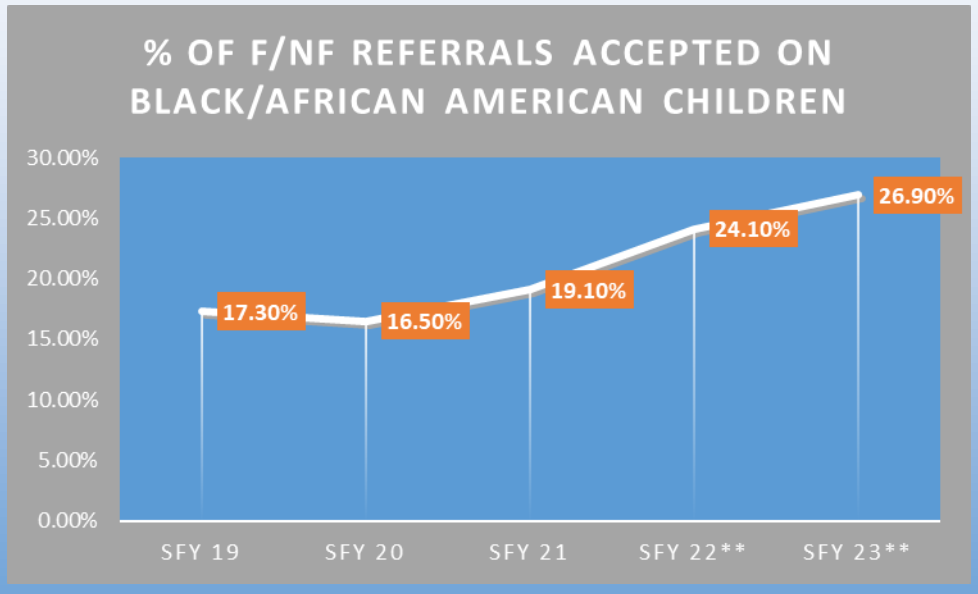
Caucasian/White Alone	87.1
Black or African American Alone	8.6
American Indian and Alaska Native	0.3
Asian Alone	1.7
Native Hawaiian and Other Pacific Islander	0.1
Two or More Races	2.2
Hispanic or Latino	4.2

Chart above is pulled from US Census Bureau at www.census.gov.

The Census Bureau estimates that as of July 1, 2021, the Black or African American population comprises 8.6% of the total Kentucky population. Black or African American children constitute 18% of victims in fatal and near fatal reports over the five-year period. The cabinet is continuing to work in addressing racial disproportionality and disparity through racial disparity workgroups alongside community partners.

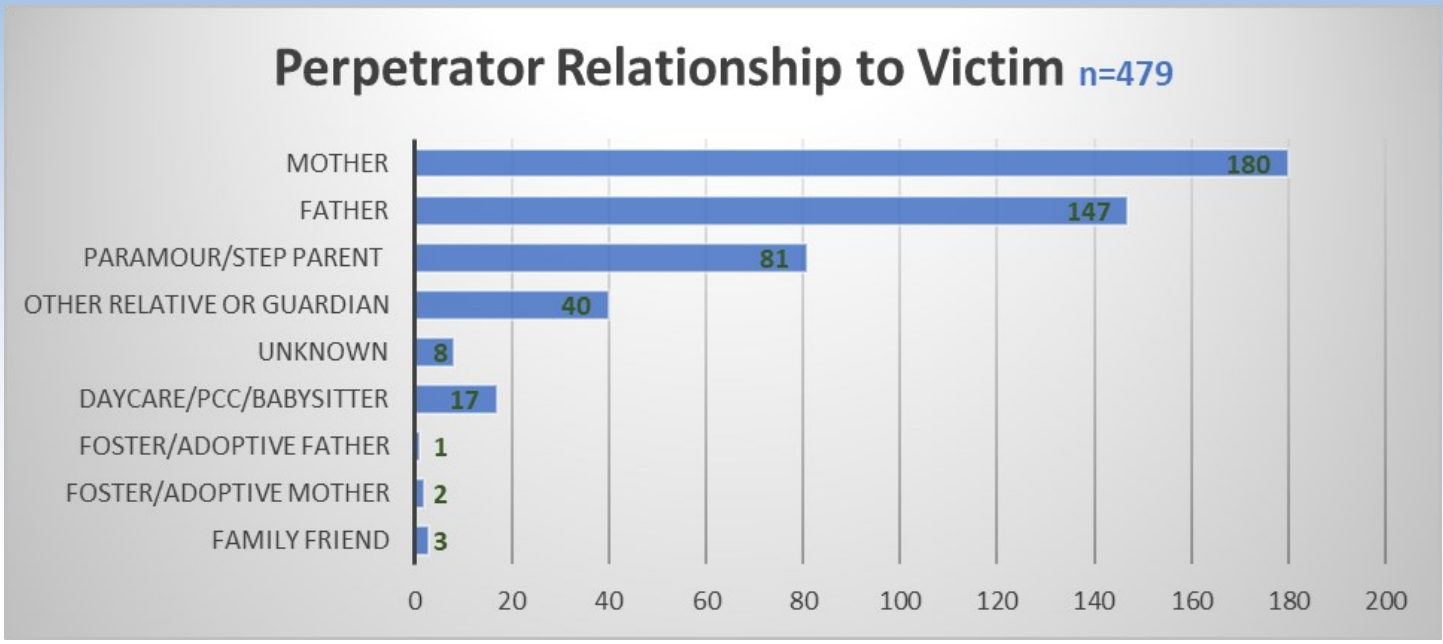


The African American population consistently makes up 16% or greater of all fatal/near fatal reports received annually. The data also shows a steady increase of these reports since SFY 2020 from 16% to 26.90% in SFY 2023.

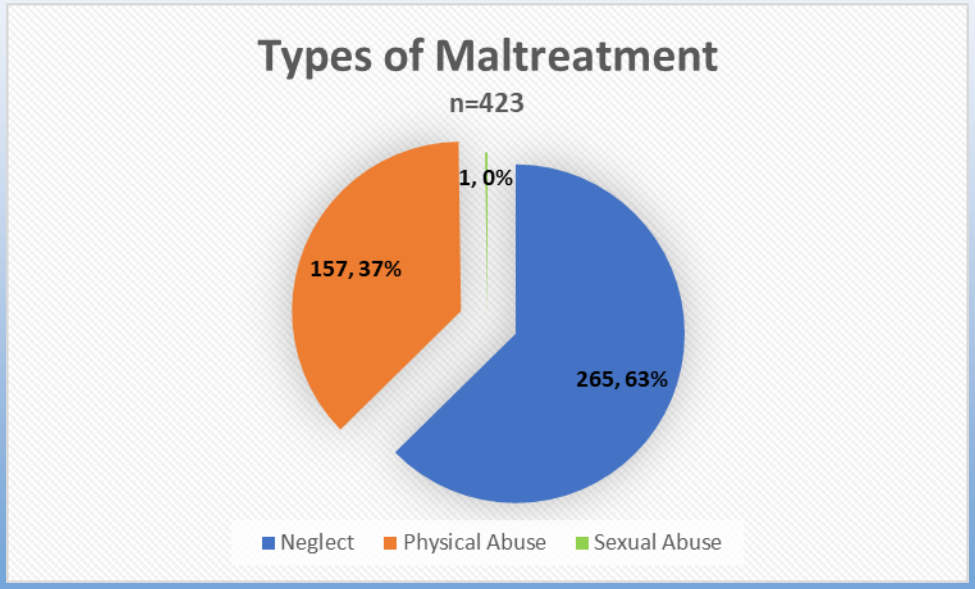


Section III:

Perpetrator and Maltreatment Demographics



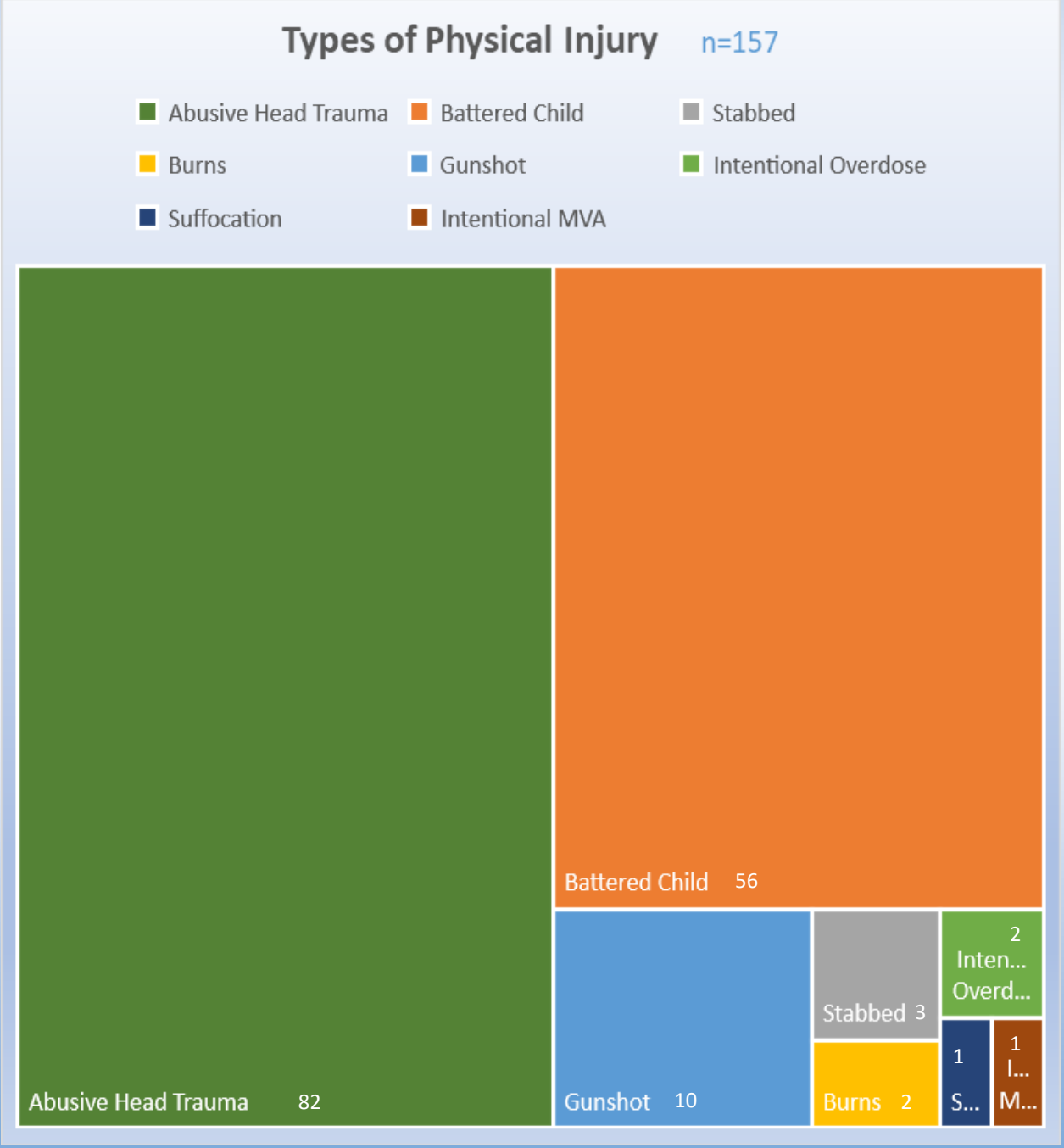
Parents continue to be the most common perpetrator identified in fatality and near fatality investigation findings. Of the 423 victims, there were 479 perpetrators identified. Unfortunately, there are several cases when a child is the victim of fatal/near fatal abuse or neglect by more than one perpetrator.

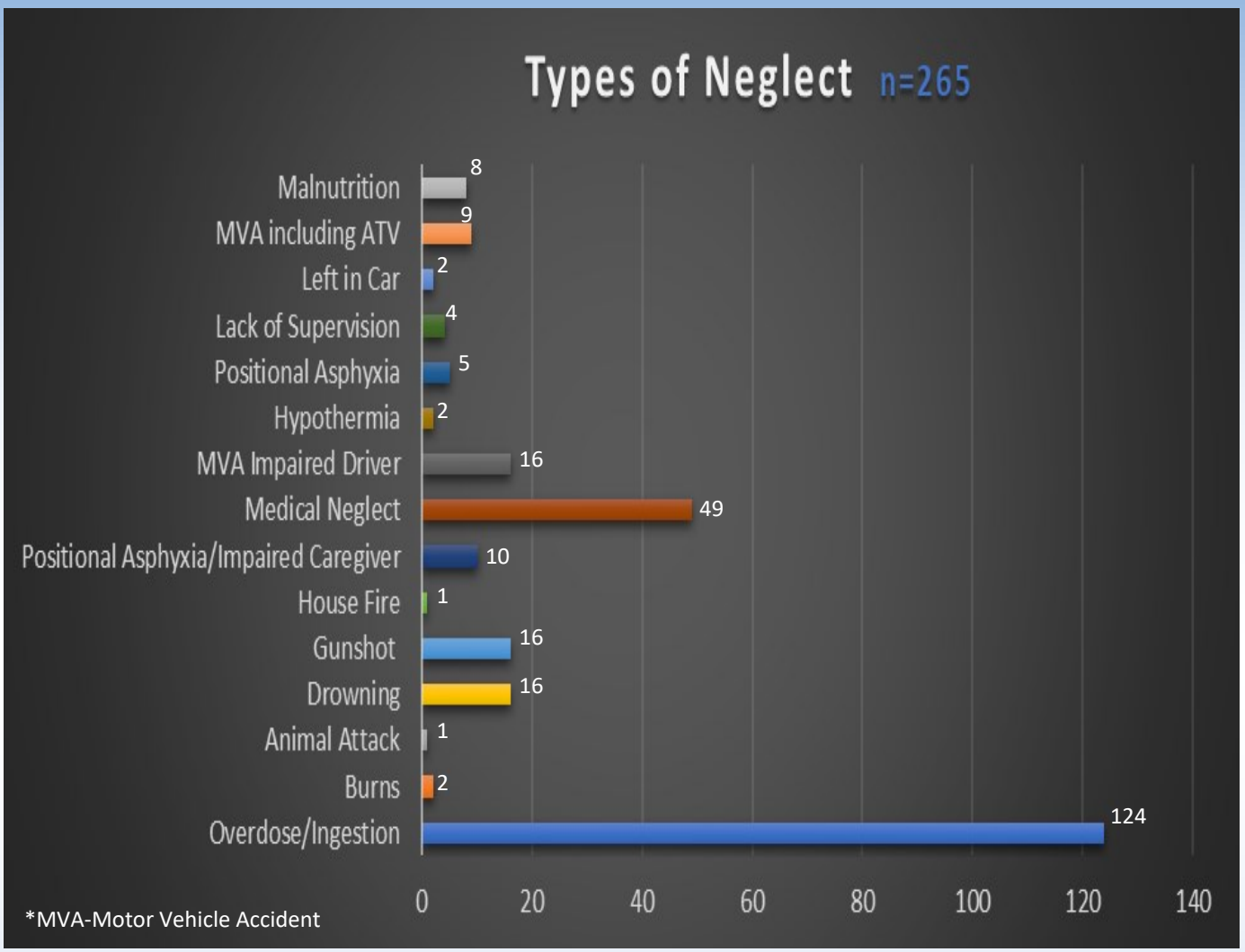


Neglect continues to be the leading type of maltreatment responsible for substantiated fatalities and near fatalities. There is one sexual abuse substantiation associated with a fatality designation.

Abusive head trauma and battered child are the leading cause of fatalities and near fatalities caused by physical abuse.

The majority of these victims were three years of age and under.

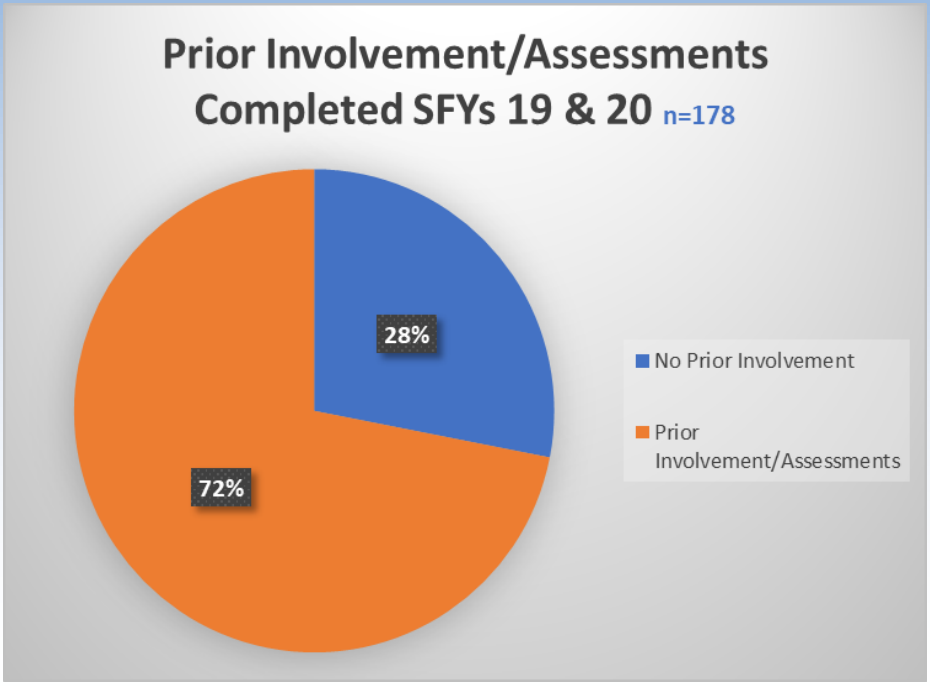




The leading cause of neglect has been accidental overdose/ingestion cases. These cases are typically the result of environmental neglect, when prescribed or illegal drugs are left accessible to children. There has also been an increase in some recent ingestions that are the candy form of THC and/or Delta 8. THC and Delta 8 edibles/ candies are packaged in a way that is appealing to children in that they appear in candy, cookie, and other edible forms.

Section IV: Prior Department Involvement with Families of Fatality/Near Fatality (F/NF) Victims and Child Victims

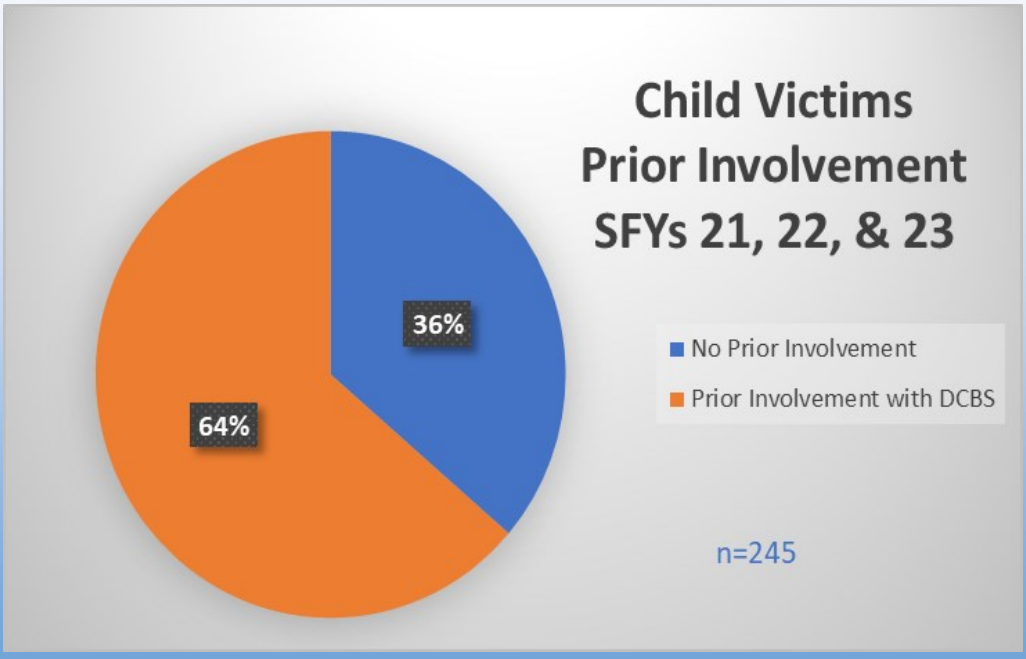
The data collected on prior involvement in SFYs 2019 and 2020 considered all household members at the time of the F/NF incident and represents the history for those individuals. The F/NF victim may not have been identified as a case individual in that reported history.



DCBS has changed the focus of its data collection of agency history.

Data is now collected on history with the agency specific to the child F/NF victim.

This data is available for SFYs 2021, 2022, and 2023.



Prior history with DCBS is defined as any report to DCBS. This includes substantiated and unsubstantiated reports, as well as reports that did not meet criteria for investigation or resource links.

Section V: Program Improvement Efforts

Internal Review

KRS 620.050(12)(b) requires that the cabinet "conduct an internal review of any case where child abuse or neglect has resulted in a child fatality or near fatality and the cabinet had prior involvement with the child or family." The statute also requires that the cabinet submit an annual report by September 1 to the Governor, the General Assembly, and the state child fatality review team that includes a summary of the internal reviews and an analysis of historical trends.

System Safety Review Process and Overview

The department continues to partner with Collaborative Safety to develop a culture of safety. This process began by changing the internal review process in 2019, and currently, Central Office case reviewers have been trained to view cases through a different lens to help the agency identify systematic themes and barriers to the day-to-day work.

The process focuses on understanding the complex nature of child welfare work and the factors that influence decision making and practice in real time. It moves away from the simplistic approach, which has a tendency to assess blame and results in the application of quick fixes that fail to address the underlying issues. The process recognizes that frontline workers strive to make the best decisions in their cases based on information available to them at that time and that those decisions are affected by the system around them. This approach emphasizes shared accountability. Furthermore, agency leadership is accountable for making improvements to create a more resilient and reliable system which improves capacity to provide safe outcomes for children, families, and employees.

Each case accepted as a near fatality or fatality investigation is assigned to a system safety analyst. The analyst then conducts a review of any case history, focusing on the most recent 24 months. This information is then presented to the multi-disciplinary team that is comprised of individuals from differing entities, including the Department for Public Health (DPH), DCBS Training Branch, Office of Legal Services (OLS), Division of Service Regions (DSR), and staff from the Division of Protection and Permanency (DPP). Cases are selected for further study based on specific features identified during the initial case review, which are referred to as interesting features or learning points.

Human factor de-briefings are conducted with the staff involved in decision making around the time of the interesting feature identified for further study. A systems mapping is conducted following the human factors debriefing. The mapping process includes staff from all organizational levels and may include community partners, such as court personnel and local service providers. The systems mapping works to draw out environmental and systemic influences that contributed to or shaped the decisions made in the features being studied. The system map is narrated and scored using a scoring tool provided by Collaborative Safety. The scoring tool allows the team to produce data about the systemic themes influencing practice. The data collected from all of the case studies is presented to DCBS leadership, safety action group, and then used to help inform and influence systemic change to support safer work practices.

Change has been actively occurring due to mapping discussions and discoveries. While the system safety review process is designed to identify larger systemic features that require response from cabinet leadership, there are occasions when the process reveals features that can be addressed at the division level. Those features are reviewed at monthly quick win meetings where plans are formulated to activate a response. Plan development requires input from staff throughout DPP. In some instances, plans can be implemented immediately. In others, the plan includes further exploration of the feature identified before defining the response. Each feature proposed as a quick win is tracked to monitor progress and resolution of the issue identified.

Safety Model

The Kentucky Safety Model is a practice model used in child welfare that assists workers and supervisors assessing for safety and risk throughout multiple points in a case. The Kentucky Safety Model is a vital component of DCBS' child welfare practice model that also includes engagement and solution-focused approaches to working with families, as well as evaluation and quality improvement activities. The safety model offers an elegant, comprehensive way to incorporate research and consistency into key child welfare decisions. DCBS implemented the Kentucky Safety Model that incorporates the Structured Decision Making ® (SDM®) assessment tools for the assessment of safety and risk, including the Intake Assessment, Safety Assessment, and Risk Assessment, with plans to also implement the Risk Reassessment and Reunification Assessment. SDM® helps guide the decision making processes and prioritize the delivery of services to families across the state. The model will be utilized throughout all phases of cases to assist workers in monitoring safety and risk.

Some of the tools utilized from the Kentucky Safety Model include:

SDM® Intake Assessment: The intake assessment has two components: screening and response priority. When a report alleging child maltreatment is received at our Centralized Intake, the screening component supports a worker's decision about whether the situation requires a child protection response. Screening thresholds are based on local legal and regulatory requirements. The assessment helps workers by operationalizing these requirements for increased consistency. If a response is needed, the response priority assessment assists workers in determining how quickly contact must be made with the family to begin an investigation. This helps ensure that a rapid response is initiated when there is likely to be immediate danger, while identifying those referrals that can likely be assigned for a delayed response to better manage agency resources. The intake assessment tool uses a consensus based model to operationalize policy, regulation, and statute to assist workers in making consistent and supported decisions.

The SDM® Safety Assessment identifies current danger and appropriate interventions. It will assist workers in a case to determine if a child may safely remain in the home, with or without a safety plan in place.

The SDM® Risk Assessment is an actuarial risk assessment. This means it is a statistical procedure to identify and weigh factors that predict future maltreatment, such as demographics, social factors, and history. It uses empirical research and factors statistically shown to predict future maltreatment. It occurs at the conclusion of a child welfare investigation and assists investigation workers in determining which cases should be continued for ongoing services and which may be closed at the end of an investigation.

The Safety and Risk consultation occurs when safety threats are identified in a family and there are concerns that a child may need to be removed from their home. This consultation occurs prior to the removal to ensure that removal is the last option to keep a child safe.

Safety Plans are negotiated with a family to mitigate any safety threat found in order to ensure the child's safety. These plans are short-term (14 days or less).

Prevention Plans are negotiated with a family to link a family to appropriate services to prevent maltreatment from occurring in the future.

The SDM® Risk Reassessment will be used for families receiving in-home services. The actuarial risk reassessment helps the ongoing service worker determine when risk has been reduced sufficiently that the case may be recommended for closure.

The SDM® Reunification Assessment is used for families with a child in out-of-home care with a goal of reunification; this assessment helps the worker determine when a child may safely be returned to the home, or when a change in permanency goal should be considered. The assessment has three sections that focus on risk, caregiver-child visitation, and safety.

Prevention Efforts

The agency has created the Division of Prevention and Community Well Being that is comprised of Primary Prevention, Secondary Prevention, and Tertiary Prevention branches.

Kentucky pursued efforts to strengthen primary and secondary prevention efforts to target the general population and those with identified risk factors to prevent maltreatment before it occurs. Efforts are also being made to expand existing primary and secondary prevention programs, expand tertiary prevention services, reduce further maltreatment or entry into out-of-home care when maltreatment has already occurred, and expand Family First Prevention Services.

For primary and secondary prevention efforts, Kentucky has pursued additional fatherhood involvement efforts, and the Lean on Me KY initiative to increase community awareness and ability to support and increase resilience in families. Kentucky also expanded Community Based Child Abuse Prevention grant activities, including expanding the Community Collaboration for Children (CCC) and Parent Engagement Meetings (PEM) program. CCC provides in-home services to low-risk families through increasing skill-based parenting. PEMs engage families in mitigation of barriers to academic and school attendance and support families in the avoidance of involvement with DCBS due to educational neglect. PEMS diverted 96% of families involved from receiving a report of child abuse or neglect in calendar year 2021.

Kentucky also continued participation in the Thriving Families, Safer Children national commitment in partnership with public and private entities to create equitable systems breaking cycles of trauma and poverty. Congruent with this commitment, Kentucky formed a State Prevention Collaborative in which community stakeholders developed the first primary and secondary prevention plan for the state and held regional visioning sessions, which are now regional action meetings to prompt formal regional collaborative and prevention plans. Thriving Families and Safer Children also encourage the use of experts with lived experience, those who have had interfacing with the child welfare system. These individuals can provide peer/mentor supports and help guide the agency to ensure efforts are family-focused and strengths-based. Additionally, the agency is looking at how to utilize safety net economic supports, such as utilizing family support services and monetary assistance to assist families in meeting basic needs to aide in prevention efforts. Concrete supports are also currently in place to provide financial relief.

For expansion of tertiary prevention services or Family First Prevention Services, Kentucky expanded the statewide Family First Preservation and Reunification Services (FFPRS) program and the Kentucky Strengthening Ties and Empowering Parents (KSTEP), as well as pursued prevention pilot programs. FFPRS serves families with varying need and risk levels with children birth through 17 years of age. FFPRS was expanded by 25% in SFY 2022 to serve additional families. KSTEP serves families with the primary risk factor of substance use disorder with children under the age of nine. KSTEP is available in the Northeastern Service Region and was expanded into all of the Salt River Trail Service Region and half of the Cumberland Service Region. KSTEP was more recently expanded to the Northern Bluegrass Region.

Sobriety Treatment and Recovery Teams (START) continued to be implemented in seven counties across five service regions. FFPRS, KSTEP, and START all consistently meet contractual requirements for percentages of children remaining in their homes post closure of over 80%. Prevention pilot programs, including Multisystemic Therapy (MST) and Intercept, are well-supported evidence -based practices. Intercept services are currently only available in Kentucky. MST is piloted in the Jefferson, Salt River Trail, Northern Bluegrass, and Southern Bluegrass service regions with program goals to address adolescent risk of out-of-home care entry subsequent to antisocial and problem behavior or serious criminal offenses. Intercept is piloted in the Cumberland, Southern Bluegrass, and Lakes Service Regions to provide intensive in-home services to children birth through 17 years of age with behavioral or emotional needs or who have experienced child abuse and neglect. Kentucky also added to the Family First service provision through federal approval of additional evidence-based practice utilization. This includes increased use of Motivational Interviewing (MI) outside of when it is indicated for substance use disorder alone, the use of MI by child welfare workers, addition of High-Fidelity Wraparound, and submission of the Intercept evidence-based practice. Intercept has been federally approved on Kentucky's state plan, and there are plans to expand statewide in the next biennium. This is in addition to federally approved interventions currently being utilized: Functional Family Therapy, Homebuilders, MI for substance use, MST, Parent-Child Interaction Therapy, START, and Trauma-Focused Cognitive Behavioral Therapy. START also increased its intervention rating from a promising evidence-based practice to a supported rating.

Community Response

On July 1, 2022, Kentucky launched a community response pilot program beginning in four counties: Clark, Montgomery, Perry, and Barren. Gateway Children Services, a nonprofit agency, has provided services to Clark County and Montgomery County families while Family Resource and Youth Services Centers (FRYSC) offer services to Barren County and Perry County families. The Brighton Center has also been added in prevention efforts with community response serving Kenton, Campbell, and Boone counties. This program offers community-based prevention services to families screened out upon report to DCBS. The agency wants to serve families in need without having to have a referral meet acceptance criteria for abuse/neglect, which further supports prevention strategies utilized in an upstream approach. This includes outreach, assessment of needs, case management, utilization of prevention evidence-based practices, and referral to other resources as needed. This will allow families to access needed services and/or resources when the report does not meet criteria for a child protective service investigation and/or assessment. Child welfare is owned by the community, and this process focuses on making contact with families prior to a potential maltreatment event. It focuses on the "upstream process," which works on investing in prevention services for families early to prevent future child abuse and neglect.

Alternative Response

Alternative response is a family-centered and strengths-based approach to child protection, allowing the cabinet to better match responses to reported concerns in the community. In current practice, a report of child abuse, neglect, or dependency that meets acceptance criteria will trigger an investigation. This process will result in a finding of substantiated or unsubstantiated against an identified perpetrator or services needed. Services and support may follow the initial assessment of the family. Alternative response will be a secondary pathway for a report of abuse/neglect that meets the state's acceptance criteria. These will be low-to-moderate risk reports which are tied closely to poverty. In an alternative response case, the caseworker builds rapport through engagement and family-focused assessment of strengths and needs. This holistic approach allows the family to be connected quickly to resources and supports within their community to mitigate further risk of child maltreatment. These supports may include assistance with housing, transportation, utilities, completing applications for state assistance, etc. The idea is that helping families in an engaging, holistic, and concrete way will keep them from experiencing further child welfare involvement in the future. Northeastern and Two Rivers service regions will implement alternative response in the fall of 2023. Additional regions will be selected and implemented throughout 2024 until statewide implementation is completed.

DID YOU KNOW?

Kentucky is a mandatory reporting state. If you suspect abuse or neglect of a child, you are required by law to make a report. You can call 1-877-KY-SAFE1 (1-877-597-2331) or make a web-based report at https://prd.webapps.chfs.ky.gov/reportabuse/home.aspx.

The Child Help National Abuse Hotline

1 (800) 4-A-CHILD (422-4453)

Remember the TEN-4 bruising rule. Children under the age of four should not have bruising to their **T**orso, **E**ars, or **N**eck. Non-mobile infants should not have any bruises.

–Norton Children's Hospital, UL Pediatric Forensics